

# **CHILDREN, FAMILIES AND COMMUNITY HEALTH**

## **SOCIAL CARE TRANSFER PROTOCOL**

Updated January 2018

## **Scope & Context**

The purpose of this document is to set out the remit for those teams within Children, Families & Community Health and to clarify the arrangements for all children and young people whose case is transferring between teams across the Service.

Swindon Children, Families & Community Health is constructed into specialist teams in order to provide an effective and deliverable service to vulnerable children. Every attempt is made to minimise changes in social worker and service for each child and their family. When cases do need to transfer between teams it is essential to ensure there is clarity about the transfer points and the processes which should be followed to ensure a consistent, effective, service for vulnerable children.

The protocol focuses specifically on children in need as defined by the Children Act 1989, including those who are looked after and those who have a child protection plan.

The protocol covers the Teams across Swindon Children, Families & Community Health who provides services to children, including:

- MASH
- The Assessment & Child Protection Team
- Social Work Team - Central North
- Social Work Team- North
- Social Work Team- Central South
- Social Work Team- South
- Social Work Team-Disabled Children's service
- Social Work Team - Care Leavers

It provides a framework for teams to establish consistent responsibilities on behalf of all children who are in need, including those in need of protection, who move in planned or in unplanned circumstances across local authority boundaries.

## **2. Principles**

The transfer of cases will be conducted in a timely fashion, according to defined standards ensuring as much continuity as possible for service users. The child's experience within the system should be the central concern.

Transfer arrangements will always be mindful of the need to ensure the safety of children. It is essential that good quality information is passed from the transferring team to the receiving team to prevent gaps in knowledge and to ensure that the welfare and protection of the child is paramount.

Children, young people, their parents/carers and agencies, should be advised of any plans to transfer cases between teams. Wherever possible, case transfer should include a handover meeting with the child/young person and their parent/carer.

When cases meet the criteria for transfer, this should be treated as a priority, with every effort made to ensure smooth and timely transfer.

At no point should a child subject to a child protection plan or a looked after child be left unallocated. If difficulties are experienced in transferring cases due to capacity, this should be escalated to the relevant Service Manager.

Team Managers should attend the weekly transfer meeting prepared with names of social workers who will be taking cases on the transfer list. The date of transfer will be agreed at the first transfer meeting following a case being added to the transfer list and as a minimum will transfer after the subsequent transfer meeting.

**It is always unacceptable to allocate cases to either an Assistant Team Manager (ATM) or Team Manager (TM) (other than as part of the transfer process prior to allocation to a social worker and for no longer than 24 hours) and no CP or LAC case can ever be left unallocated. If there is a risk of this occurring then the relevant service manager must immediately report the concern to the Head of Service to enable appropriate remedial action to be taken.**

All TM's transferring cases will ensure that newly allocated cases will be immediately assigned on ICS to the receiving practitioner or TM/ATM by 5.00pm on the same day as transfer was agreed.

All presenting ATM/TM's are required to ensure that cases that are presented for allocation and inter team transfers are in electronic case files, up to date, and of an appropriate standard.

Case files that do not meet these standards will not be allocated/re-allocated/transferred and will remain the management accountability of the presenting team manager.

### **3. Transfer Points**

#### **See Appendix 1 Transfer Flowchart between ACP and the Locality Teams**

For all children identified via MASH as disabled under the Children Act 1989 definition will be directly transferred from MASH to the Disabled Children's Team for a statutory assessment.

MASH makes a recommendation for a case to be referred for statutory intervention (to the Assessment & Child Protection Team - ACP) and ACP then decide if this recommendation is accepted as a referral. This transfer will ordinarily occur within 24 hours of receipt of the request for service.

ACP retain case responsibility until such time as it is clear that the case can either be closed, stepped down to Early Help services or requires further social care intervention. The Assessment & Child Protection Team pass on case responsibility to the receiving Social Work Teams at the point at which either a Child in Need Plan has been constructed at the Child In Need Planning Meeting or at an Initial Child Protection Case Conference; or at the point of a first LAC Review following a child being made looked after.

In the case of care proceedings being initiated, the relevant Social Work Team should be invited to the first LPM whenever possible and the case transferred at the initial court hearing. Where PLO procedures are to be followed the relevant Social Work Team should be invited to the PLO meeting where the case will transfer.

Once the level of risk/need is sufficiently reduced cases will be 'stepped down' from ACP or the Social Work teams. See - [Step Down from Social Care to Early Help Protocol](#)

#### **4. Specific Cases:**

##### **Pre-birth Assessment cases:**

In cases where there have been previous or ongoing Care Proceedings and/or evident Child Protection concerns or cases requiring Child in Need Support:

##### **Previous or Ongoing Care proceedings**

- Pre-birth assessments are the responsibility of the Social Work teams if they are already in Care proceedings with siblings
- If the Care Proceedings for any siblings have concluded within the past 3 months then the original Social Work Team will undertake the new pre-birth assessment

**The pre-birth assessment should commence no later than 16 weeks into the pregnancy and conclude no later than 25 weeks into the pregnancy**

ACP will complete the pre-birth assessment to ensure that support is offered appropriately either via Children in Need provision or under Child Protection processes and transfer to the Social Work Teams as detailed below.

It is recommended that pre-birth assessments commence at the 16th week of pregnancy where we are made aware of the pregnancy. This allows sufficient time for a statutory assessment and services to be put in place to reduce the chances of the unborn coming into care at birth.

##### **Child Protection Concerns**

If child protection concerns are identified during the assessment process then an Initial Child protection Conference should take place by 24- 28 weeks of the pregnancy to enable a robust Child Protection Plan to be in place prior to the birth. ACP will pass on case responsibility to the appropriate locality team at the ICPC

##### **Pre-birth cases leading to support under CIN**

Pre-birth assessments are the responsibility of ACP. If the outcome of the assessment identifies the need for support to be offered to the family under Child in Need provision then ACP will pass on the case responsibility at the point when the first CIN Plan is constructed at the Child In Need Planning Meeting. The first CIN Plan should be in place by 24-28 weeks of the pregnancy.

## **Relinquished Children**

All cases will transfer to the relevant area Social work team from /MASH on receipt of the referral in order to complete the required assessments and to ensure timeliness. / MASH will also notify the Adoption Team via Adoption Thames Valley of the referral to ensure that they are involved from the start of the assessment process.

### **5. Private Proceedings**

#### **Section 7 or Section 37 Reports and Transfer of Supervision Order cases:**

Notifications from the Court for Section 7 or 37 reports should be transferred from /MASH to the relevant Social Work Team or Disabled Children's Team for allocation of a social worker to undertake the completion of the Report, at the earliest opportunity. If the case is an open case or has been closed less than three months of the report being requested, the new referral should be passed to the most recently allocated Social Worker/Team for completion. Transfer of Supervision Order cases should transfer directly from the MASH to the locality teams.

#### **Step parent adoptions**

Step parent adoptions are to be undertaken within the Adoption Team via Adoption Thames Valley and are to be transferred to that team on receipt of request.

### **6. Transfer of Child Protection cases from other local authorities**

When Swindon Borough Council is notified that a child subject to a child protection plan by another local authority has moved into their area the Notification and Transfer of Children Subject to Child Protection Plans across Swindon Borough Council procedures should be followed. These can be found at [http://swindonchildcare.proceduresonline.com/chapters/p\\_notif\\_transfer\\_cpp.html](http://swindonchildcare.proceduresonline.com/chapters/p_notif_transfer_cpp.html)

### **7. Leaving Care**

Children Looked After will not have their cases transferred to the Care Leavers Team until their 18<sup>th</sup> birthday. However, it's recognised that there are occasions when social workers will leave the organisation at an age where it would be in the interest of the young person to transfer the case earlier, if the young person is aged 17 and over, the case will be considered for transfer by the Care Leavers Team Manager. As soon as it is known that a child is going to remain looked after at the time of their 16th birthday, the responsible Team Manager/ATM should notify the Care Leavers Team of this by the age of 15½.

Arrangements will be made for a Personal Advisor to be appointed to work alongside the allocated social worker, on the young person's 16<sup>th</sup> birthday, and will have a key role in providing support to the young person after he/she leaves care.

A Needs Assessment and Pathway Plan must be completed for the young person by the allocated social worker within the statutory deadline i.e. by the maximum of three months following the young person's 16<sup>th</sup> birthday

The support to the allocated social worker for the young person will be to assist in the development, implementation and review of services as set out in the Pathway Plan which must be in place by the 16<sup>th</sup> birthday.

## **8. Closed cases that are re-referred.**

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Any case re-referred less than 12 weeks from closure (the date of closure recorded on ICS) will be transferred to the Social Work Team where the family are living. Cases re-referred at a later stage will be re-assessed by the Assessment & Child Protection Team.

## **9. Transfer Standards**

The transfer list will be sent out to teams by close of day every Friday. All cases for transfer should be sent to ACP to add to the list by Friday 1pm and on the correct template. Anything received after this day will not be discussed and will be put on the transfer list for the following week. When this occurs, case responsibility will remain with the presenting team.

To enable effective transfer of a case, the allocated social worker and their line manager must ensure that the following actions have been taken:

- A transfer summary should be produced for all cases transferring setting out the updated case information and highlighting key issues. This should be on ICS at time of case transfer;
- All case recording is up to date, including an updated and analytical chronology, contact records, records of visits (CIN, CP, LAC);
- All case recording on ICS must be complete and all Data Quality errors resolved prior to transfer
- Assessment exemplars should have been completed and signed off by the transferring Team's TM or ATM; on all relevant children in the family and feedback provided to the family and referrer as appropriate;
- Supervision records or management oversight records, as appropriate, should be recorded on ICS detailing decision making on the case;
- A relevant plan should be on the file detailing what needs to happen and setting out clear desired outcomes;
- A copy of all current Legal Orders should be included in the file; In the case of a child Looked After (on a Care Order under Section 31 of the Children Act 1989) a copy of the birth certificate will be retained, or (for children Accommodated under Section 20) will have been requested;
- Financial agreements should be up to date and recorded on the transfer record.
- All documentation should be signed off by the relevant social worker and their line manager prior to transfer.

When a transferring case is subject to Looked After Child procedures the case file should contain the following documentation which is signed off by the social

worker/line manager where appropriate and commented upon within the transfer summary:

- A Statutory Assessment
  - Placement Information Record
  - Care Plan/Pathway Plan (where appropriate)
  - Review of Arrangements
  - Contact Arrangements/Schedule
  - Medical Consent
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- Date of Medical/Health Review
  - Date of PEP
  - Delegated Authority

The decision to transfer a case should be taken by the Social Work Team / ATM/Team Manager and should be recorded on the child's record on ICS.

All cases transferring should meet the transfer and recording standards set out in section 7 above. Central to this process is the completion of a transfer summary setting out the updated case information, including important dates and urgent actions that may need following up on. Transfer summaries must be signed off by the transferring manager.

It is the responsibility of the originating team to ensure that all actively involved agencies, professionals and family members are notified of the case transfer and the name and contact details of the newly allocated worker and team.

Prior to transfer, the case file will be quality assured by the supervising manager, ensuring that all records are up to date and that the case complies with the practice standards as set out in section 7 above. At time / day of transfer, the receiving Team has 24 hours to identify missing exemplars, assessments or other work and inform the originating team; in order for the originating team to address these remedial actions.

The transferring team is responsible for ensuring that all papers should be added to the child's file prior to transfer to the receiving team.

