

**OPERATIONAL TRANSFER GUIDE FOR TEAM MANAGERS**

**IFD New Referrals**

IFD will consider all new contacts to determine the most appropriate outcome for the child, considering all possible pathways available.

If the decision is made that the child requires a referral for a statutory social work assessment the referral will be sent to the assessment team on duty. Consent for an assessment is always required from the parent/carer with PR for the child, unless to seek consent would place the child at risk and/or it is deemed that S.47 threshold is met whereby consent can be dispensed with. However, if the IFD have been unable to obtain consent despite robust attempts to speak with a parent/carer with PR and the threshold for S.17 is met the assessment team will undertake further attempts to obtain consent including a visit to the home address.

The assessment teams will be responsible for completing the Child & Young People’s Assessment (CYPA). If the outcome of the assessment identifies unmet need that require a statutory plan an email will be sent to CYPT at the following e-mail address CYPTeamManagers@barnsley.gov.uk. When the assessment is authorised, and transfer of responsibility for the plan will follow this transfer guidance.

**Pre-birth Assessments:**

The following will transfer to the assessment service or Early Help:

Pre-birth assessments where the father is a CIC and mother is not known before and Threshold is met for a S17/S47 will transfer to the assessment service. Where EH is identified and with mother’s consent this will be stepped down for coordination to the locality offer.

Pre-birth assessment where the father is a care leaver and open to Future Directions Team (Care leavers).

Pre-birth assessments where the mother is a minor (under the age of 18) with a complex history and Threshold is met for a S17/S47 will transfer to the assessment service.

Pre-birth assessments where the mother is a minor (under the age of 18) with no history and Threshold is met for a S17/S47will transfer to the assessment service. Consider Early Help support and a Team Around the Family, led by health, with consent and depending on presenting issues.

**The following will transfer straight from IFD to CYPT:**

Referrals for unborn babies, where either or both parents have had children removed previously and those Care Proceedings concluded within the previous 2 years.

Pre-birth assessment where the expectant mother is a CIC.

Pre-birth assessment where the expectant mother is a care leaver and open to Future Directions Team (Care leavers)

When a child in care or an allocated care leaver is pregnant and there are concerns about the future welfare of the baby, the initial pre-birth risk assessment should be carried out by a separate social worker to the social worker for the young person.

**Disabled children**

Referrals for disabled children will be considered along with the eligibility criteria for that service.

Requests for assessment for direct payments, short breaks (not including community short breaks such as community clubs) or an assessment as the child is considered a child in need under S17 of the children act 1989 due to a diagnosed disability or complex health needs, will transfer from IFD to the Disabled Children’s Team (DCT) following discussion and agreement with DCT. This discussion will be IFD TM to DCT TM and the discussion and outcome will be recorded within the referral prior to final authorisation by the IFD TM.

Where there are other children in the family that do not meet the criteria for the Disabled Children’s Team, IFD should inform the Team Manager for the Disabled Children’s Team and Assessment Team Manager on duty as there will be a joint response between the Disabled Children’s Team and Assessment Team.

The Assessment Team will be the lead team initially. Following completion of the assessment the lead team will be dependent on whether concerns predominantly relate to the disability.

**S.7 and S.37 Orders**

Referrals received following the court ordering either a S.7 or S.37 assessment be completed by BMBC, and there isn’t already an allocated social worker, will be transferred straight to CYPT.

IFD will consider the contact and determine if it is appropriate that BMBC complete the assessment or whether this should be CAFCASS. This will be based upon the nationally agreed policy “ Policy on whether Cafcass or local authority should prepare a section 7 report” ADCS 2022 If it is determined that BMBC are not the appropriate organisation to undertake this assessment, a letter will be sent to the court and the contact closed .



**UASC**

All UASC will undergo an initial screening within the IFD to establish basic information including

1. Screening SW will clarify that the police have undertaken checks with the Home Office Immigration Command and Control Unit to establish if the young person is previously known to establish if a previous Age Assessment has been undertaken, or if the child is open to/accommodated by any other Local Authority and in that instance will liaise with the responsible LA to plan for the child/young person’s return.
2. The reported age, ethnicity, religion, gender and language.
3. Country of origin
4. Available information regarding how the UASC arrived in the UK, how long they may have been here, possible family or friends that they may be intending to meet.
5. Their health and any factors which may increase their vulnerability.
6. Their accommodation and financial needs.

but will transfer direct over to CiC on day of contact. The CiC teams will undertake a CYPA and the Age Assessment of any young person who presents as an UASC. If the Age Assessment determines that the subject is under the age of 18 years, the CiC social worker will be responsible for supporting the young person with the appropriate home office application.

**Relinquished Babies**

Once IFD has established the unborn/baby is being relinquished, this will be transferred to the assessment team (with or without consent) for a CYPA assessment. The CYPA will need to consider whether the baby will be relinquished with both mother and father. Once a decision is made to relinquish by both parents the unborn baby will be transferred to the CYPT.

**Transfer in Child Protection Case Conference Requests**

Referrals for children who are already subject of CP Plans in another authority will be transferred from IFD to CYPT. As per the current procedure [Click Here](https://www.proceduresonline.com/barnsley/scb/p_ch_protection_conf.html#:~:text=Transfer%20in%20conferences%20should%20take,of%20more%20than%203%20months.)

**Re-referrals**

If IFD receives a contact within 12 weeks of a previous referral closing, the information will be considered and re-screening undertaken. If the contact is to be progressed for a referral and a CYPA is required, a TM-to-TM discussion will be held between the IFD and CYPT manager before the referral will be transferred to the team who closed the previous referral.

**TRANSFERS FROM ASSESSMENT TEAMS**

Following authorisation of a CYPA that recommends ongoing social work interventions the responsible team manager will notify the CYPT managers via email to CYPTeamManagers@barnsley.gov.uk. The children’s details will be added to the CYPT transfer list by the CYPT transfer duty manager. CYPT managers will meet every Wednesday and identify social workers to be allocated to children at the transfer points. A meeting will take place on Thursday morning between the CYPT transfer duty manager and assessment team managers to share names of the receiving social workers.

Should the child or children be identified to have a disability, and this appears to be the main impact for the family, a discussion should take place between the Assessment team manager and the DCT team manager to consider the eligibility criteria. If it is determined that the child should be transferred to DCT from assessment then the following transfer arrangements will apply.

**Child In Need Plans**

If the outcome of the CYPA is that the child requires support through a Child in Need plan then the allocated social worker must ensure there is clear, informed consent from everyone with PR (if appropriate). We need to acknowledge that there will be occasions where consent is withdrawn by parents on completion of the assessment, but the outcome of the assessment has identified continuing need but not at the threshold of significant harm. On a case-by-case basis these will be discussed by the Team Manager and Service Manager and a decision on best nest steps will be made. This decision will be clearly recorded withing the case record by the Service Manager.

The allocated social worker is responsible for arranging the initial Child in Need meeting within 10 working days of authorisation of the CYPA, inviting all professionals involved with the family and significant family members for the child, including the receiving social worker. Once this is arranged the allocated social worker will complete the transfer form on the child’s Mosaic file and send to their team manager, which should trigger a file audit. Once the audit is completed and the assessment team manager is satisfied the child’s file is up to date, the transfer summary will be sent through to the CYPT desktop and the case will be allocated within 24 hours.

The receiving social worker or team manager will attend the initial Child in Need meeting. If the receiving social worker or team manager cannot attend, a representative from the receiving team will need to attend.

**The initial Child in Need Meeting will be the point of transfer.**

It is the responsibility of the transferring allocated social worker and team manager to ensure that the child’s Mosaic file is up to date prior to transfer, which should include:

* a robust and analytical CYPA
* Chronology must be up to date
* Genogram
* Case notes must be complete, up to date and finalised
* Child In need visits must be complete, up to date and finalised
* Record of case management decisions and supervisions
* Documents uploaded to Mosaic, including direct work tools, DASH risk assessments, Neglect Toolkit, any other assessments completed
* Case Summary

The transferring allocated social worker will be responsible for completing the record of the initial Child In Need meeting and plan within 3 working days of the date of the meeting.

**Child Protection Plans**

The allocated social worker is responsible for making the arrangements for the Initial Child Protection Conference (ICPC), including Strategy Discussion/Meeting, Section 47 investigation/record and Initial Conference report.

Once this is arranged the allocated social worker will complete the transfer form on the child’s Mosaic file and send to their team manager, which should trigger the TM quality assurance process. Once the audit is completed and the assessment team manager is satisfied the child’s file is up to date, the transfer summary will be sent through to the CYPT desktop, and the case will be allocated within 24 hours.

The receiving social worker or team manager will attend the ICPC. If the receiving social worker or team manager cannot attend, a representative from the receiving team will need to attend.

**The ICPC will be the point of transfer, regardless of whether the outcome is a CP plan or Child In Need plan.**

It is the responsibility of the transferring social worker and team manager to ensure that the child’s Mosaic file is up to date prior to transfer, which should include:

* a robust and analytical CYPA/Conference report,
* Chronology
* Genogram.
* Child In Need visits
* Child In Need meetings (where applicable)
* Child In Need plans (where applicable)
* Case Supervision
* Documents uploaded to Mosaic, including direct work tools, DASH risk assessments, Neglect Toolkit, any other assessments completed
* Case Summary

**PLO (Pre-proceedings)**

Should a decision be made during the assessment period to refer a child to Legal Gateway Meeting (LGM), then CYPT should be alerted via email. A worker from CYPT will attend LGM. Should it be determined that the child’s plan escalates in PLO Pre-proceedings then the allocated social worker is responsible for arranging the initial PLO meeting.

The receiving social worker or team manager will attend the PLO meeting. If the receiving social worker or team manager cannot attend, a representative from the receiving team will need to attend.

**PLO Court Proceedings**

Where Legal Gateway Meeting has recommended that Care Proceedings should be issued the assessment team will notify CYPT via email and complete the initial SWET and care plan.

The receiving social worker or team manager will attend the initial court hearing. If the new allocated social worker or team manager cannot attend, a representative from the receiving team will need to attend.

If the matter is adjourned for a contested hearing, responsibility will still transfer to CYPT but the transferring social worker will need to attend the contested hearing unless otherwise agreed by the court.

**Children accommodated under S.20**

If a child becomes S.20 accommodated in the assessment service, the allocated social worker will arrange the Initial Looked After Review. If there is a proposal of long-term care via S20 accommodation this must be agreed at a Looked After Review and Legal Gateway Meeting before transfer to Children in Care Service direct from the assessment teams or from CYPT to CiC. It should be exceptional circumstances that an order would not be secured for a child younger than 15 years.

If there is a plan for reunification, the child would be transferred from assessment to CYPT with a clear Reunification Plan that highlights timescales. Children open in CYPT with a plan of reunification will remain allocated in CYPT.

**The transfer point is the initial Looked After Review.**

Once a date for the Looked After Review is arranged the allocated social worker will complete the transfer form on the child’s Mosaic file and send to their team manager, which should trigger the TM quality assurance process. Once the QA process is completed and the assessment team manager is satisfied the child’s file is up to date, the transfer summary will be sent through to the CYPT desktop.

The receiving social worker or team manager will attend the initial Looked After Review. If the receiving social worker or team manager cannot attend, a representative from the receiving team will need to attend.

It is the responsibility of the transferring social worker and team manager to ensure that the child’s Mosaic file is up to date prior to transfer, which should include:

* a robust and analytical CYPA/Looked After Review report
* Placement Plan
* Section 20 consent
* Any delegated authority
* Chronology
* Genogram.
* Child In need/Child Protection/LAC visits up to date
* Child In Need/Core Group meetings (where applicable)
* Child In Need/Child Protection/LAC care plans (where applicable)
* ICPC minutes (where applicable)
* Case Supervision
* Documents uploaded to EDM, including direct work tools, DASH risk assessments, Neglect Toolkit, any other assessments completed
* Case Summary
* PLO documents & meeting minutes (where appropriate)
* Any legal documents

**TRANSFERS TO CIC/FD FROM CYPT/DCT**

**Children with a plan of long-term care in CYPT/DCT**

Once a child’s long term care plan is being considered as one of permanent care away from their parents under a full Care Order or Placement Order for adoption (including children who would be placed with connected persons carers), a final evidence meeting will be held at least 2 weeks prior to final evidence filing date and the CiC managers will be invited to attend. From the final evidence meeting to the final hearing there will be a period of co-working between CYPT and CiC social workers. The receiving social worker will be invited to attend the final hearing.

For children open to DCT there will be a discussion between DCT team manager and CiC team manager to consider the needs of the child and young person and if these needs can be met within the CiC service. If this is agreed then the following transfer arrangements will apply.

The allocated social worker will complete the transfer form on the child’s Mosaic file at the point of final evidence being filed to court and send to their team manager, which should trigger a file audit. Once the audit is completed and the CYPT team manager is satisfied the child’s file is up to date, the transfer summary will be sent through to the CiC desktop.

**Final hearing will be the point of transfer**

It is the responsibility of the transferring social worker and team manager to ensure that the child’s Mosaic file is up to date prior to transfer, which should include:

* a robust and analytical up to date C&F/LACR report
* Chronology
* Genogram.
* Child In need/Child Protection/Looked After visits
* Child In Need/Core Group meetings/Care Team meetings (where applicable)
* Child In Need/Child Protection plans/LAC care plans (where applicable)
* Placement Plans
* Delegated authority
* ICPC/RCPC/LACR minutes (where applicable)
* PEPs and PEP reviews
* Health assessments/SDQ (where appropriate)
* Case Supervision
* Documents uploaded to EDM, including direct work tools, DASH risk assessments, Neglect Toolkit, any other assessments completed
* Case Summary
* PLO documents & meeting minutes (where appropriate)
* All legal documents and court orders

Children subject of **Placement with Parent Regulations** will remain with CYPT as their long-term plan is not one of permanence away from home. Should the care plans of these children be changed to one of permanence away from home, the above process should be followed.

**Where there is a plan of adoption either considered or agreed:**

If the child is under 1 years of age at the making of the Placement Order responsibility for progressing the plan of adoption remains with CYPT. For children aged over 1 year of age with an adoption plan transfer will follow the above process. **For those children with a plan of adoption who require transfer to CIC, the allocated worker will ensure the CPR is fully updated prior to transfer.**

**Children leaving care**

Children who have been in care for 13 weeks or more after their 14th birthday and are still in care after their 16th birthday become ‘relevant’ children. If a ‘relevant’ child has left care prior to their 18th birthday, the decision should be made at a looked after review and where appropriate a Reg 39 Report should be completed and signed off by a Head of Service. It is good practice for a social worker to remain involved for a minimum of three months to support the transition to independence and review the Pathway Plan alongside the PA, at which point Future Directions will assume full responsibility. The child should remain with the service they are in when they cease to be looked after.

**Future Directions Team (Care Leavers)**

When young people in care reach 15 years and 9 months a notification should be sent to Future Directions Team Managers with a view to the child having an allocated Personal Advisor on their 16th birthday.

Future Directions will work alongside the respective service areas, until the young person reaches 18 years at which point the PA will take over responsibility and the social worker withdraws.

**Escalation of disagreements**

It is expected that the transferring and receiving team managers will discuss any disagreements they may have in relation to the transfer of case responsibility for children.

If an agreement is not reached then each manager should discuss with their respective Service Manager, who will then resolve the issue.

Capacity within the receiving teams is not an acceptable reason for not accepting case transfer.