

## **Coventry City Council**

### **Transfer Protocol**

#### **Between**

#### **Area Teams & LAC, Permanency, Through Care Teams**

### **Incorporating transfers between the above services and the Children with Disabilities Teams**

#### **1. Principles Underpinning the Transfer of Cases**

- Children and their families should experience the minimum number of transitions in receiving our services;
- Wherever possible children should remain with the same case-worker to ensure the maximum continuity (reducing number of handoffs);
- Where the transfer of existing cases to new workers is unavoidable, children and families must be given the maximum information about impending changes, at the earliest possible opportunity;
- In sibling groups, the children will have the same social worker, unless it can be demonstrated that this is not in the child's best interest;
- Any disputes that arise with the transfer of cases will be resolved by the Team Managers, only in exceptional cases will they be referred to their respective Operational Lead for a final decision.

#### **1.1 Roles and Responsibilities of Each Service**

#### **1.2 Emergency Duty Team (EDT)**

- EDT process is that staff use Protocol to complete contacts or referrals on children they are involved with out of hours who are not open to social care. These are sent to MASH. For open children EDT use Protocol to complete case notes to notify allocated worker, manager and duty tray of relevant team. Recording is to be completed by end of EDT officers shift so handover to day time teams.

#### **1.3 The Area Teams**

- The fifteen Area teams work with families with the most complex needs, including those needing statutory intervention where the threshold is met, within its particular locality;
- The fifteen area teams will receive new referrals directly from the MASH and/or Initial Contact Team based on geographical location of the referral. Team Managers and Senior Practitioners will review all new referrals and allocate

them directly to an appropriate Social Worker, who will then maintain allocated case worker responsibility whilst the child(ren) remain within the remit of the area teams.

- The Teams provide a prompt response to referrals which meet the higher levels of need, working together with other agencies to improve outcomes for the child and family;
- Children and their families should experience the minimum number of transitions in receiving services. The response will be provided, as far as possible, on a 'one allocation' basis, with the social worker responding to the referral continuing to work with the family to address their needs;
- Area Teams will initiate Care Proceedings for children where it is agreed by Operational Lead following a Legal Planning Meeting, that threshold criteria is met;
- Children and young people subject to a supervision order will remain the responsibility of the Area Teams while the interim supervision order or supervision order is in place. The case will normally be monitored through the CIN framework, but there may be times where a short CP Plan would be appropriate;
- Once the supervision orders have expired, the child should either be closed or if it is identified that further services are required, the case would remain with the Area Team under the CIN framework or stepped down to the Early Help Teams or identified key professional.

#### **1.4 The LAC Permanency and LAC Through Care Service**

- There are six LAC Permanency and Through Care teams which develop and implement care & pathway plans for children and young people of all ages who are looked after or care leavers;
- Children subject to a Care Order will remain the responsibility of the LPTC service
- Special Guardianship Order (SGO) cases will be closed to the LA when the SGO is granted. Any ongoing support required will be provided by ACE.

#### **1.5 Transfers to LPTC Service include:**

- New admissions to care when it is clear that rehabilitation has been ruled out;
- S 20 at the 1<sup>st</sup> LAC review, unless rehabilitation home remains the Care Plan as agreed by the relevant Operational Lead;
- Where a Child is subject to care proceedings i.e. EPO or ICO the Team Manager (TM), Help & Protection Service will agree joint handover with TM in LPTC Service. This allows for the LPTC Team Manager to be invited to initial ICO hearing where care order is being sought. The case will transfer within 5 working days of the ICO being granted;

- Unaccompanied asylum seeking children (UASC) will be referred by the MASH directly to the LTC Service;
- PLO - In cases where the decision has been reached that a care order will be sought for a child to come into care or a child becomes looked after under section 20, a LPTC social worker is allocated to work jointly with the Area social worker. The locality social worker is responsible for drafting the initial court statement for initiating care proceedings and seeks input from the LPTC social worker about the care plan. Any assessments required and funding agreements made should be fully discussed with the incoming team manager. S.20 cases will transfer to the LPTC Service at the 1<sup>st</sup> LAC review (unless rehab home remains the Care Plan) and within 5 working days of the ICO being granted;
- If there is a history of previous children having been removed and not rehabilitated home, or care proceedings that finalised within the 12 months, the child should transfer to LPTC Service following the referral;
- If proceedings were finalised more than 12 months ago, the child should go to the Area Team to assess the new circumstances.

### **1.6 Special Guardianship Assessment**

After the initial viability assessment is completed by the LPTC team the SGO assessment will be completed by fostering team.

### **1.7 Teenage parents in care and their babies**

- If a young woman in care becomes pregnant, her allocated social worker will continue to work with the teenage mother and/or father. The allocated social worker from Through Care Team will undertake a C&F assessment, incorporating a risk assessment in relation to the unborn child. If the outcome of the C&F assessment incorporating the pre-birth assessment indicates that this unborn is likely to be a CIN or CIN of protection then this should be put forward as a contact/referral to the MASH in Coventry; or wherever the young woman in care lives. Following MASH threshold being met then the unborn child can be allocated to the appropriate Early Help or Area Team.
- If the young woman is a care leaver and becomes pregnant and there is a professional view that the unborn may be a CIN or CIN of protection then allocated Social Worker or Personal Advisor (PA) must complete a contact/referral to the MASH. This referral must be sent to the MASH in the Local Authority in which the care leaver lives. If the care leaver is the father of the unborn and the professional view is that unborn may be a CIN or CIN of protection, then again a contact/referral must be made to the MASH in which the mother of the unborn lives. The allocated SW or PA to the care leaver will continue to work with the teenage mother and/or father.
- If the outcome of the C&F assessment with risk assessment is that the unborn child may be at risk of significant harm, a strategy meeting should be held by the

Area Team Social Worker and a decision made to undertake a S.47 enquiry if appropriate. If there is a decision that the unborn child should be subject to a Child Protection Plan, the baby as indicated above will be allocated to the Area Team social worker. The allocated LTC social worker would continue to be the mother's or father's social worker, in order that there is a clear focus on each of them as children in need (of protection, or as a young person in care). Both the child's (Area Team social worker) and the mother's/father's social workers should attend the child protection conference and a lead manager identified;

- If a decision is made to commence care proceedings in relation to the unborn child, the mother should remain allocated to her current social worker, and the unborn child will be allocated to an Area Team Social Worker. This will ensure that welfare and safeguarding issues for both 'children in care' are separately kept in focus.
- If the C&F assessment with risk assessment does not indicate child protection concerns but rather child in need concerns, the unborn would be referred to the MASH as indicated earlier. Following a threshold decision then the unborn could be allocated to the Early Help or Area Team to complete this CIN work.

### **1.8 Southwark Judgement (July 2009)**

- This transfer procedure reflects statutory and practice changes following the Southwark Judgement (July 2009). Children's Social Care has a duty to assess the needs of 16 or 17 year old young people. If a young person is assessed as being a child in need, is homeless and there are no safe or willing alternative family or friends the Local authority has a duty to offer section 20 accommodation. However if child in need is 16 or over they can request they are supported under S.17 rather than S.20, agreement should be dependent on the social work assessment of need. The child should be advised to seek legal advice and written confirmation should be uploaded onto their Protocol file. Assessments will be conducted for 16 and 17 year old young people in conjunction with Coventry's Housing Department when homelessness is the presenting issue;
- Where a 16 or 17 year old becomes (or remains) a looked after child they become entitled to leaving care services. If they leave care after their 16th birthday but before they have been in care for more than 13 weeks since they were aged 14, they are classified as Qualifying Children. If they remain in care such that their total time looked after since the age of 14 exceeds 13 weeks, they become Eligible Children. If an Eligible Child leaves care after the age of 16, they become a Relevant Child. An Eligible or Relevant Child becomes a Former Relevant Child when they turn 18;
- All 16 and 17 year olds accommodated under section 20 will initially be case managed in the Area Teams but will be transferred to LTC once it is clear that there is no plan for rehabilitation to family and the young person will be entitled to a leaving care service

### **1.9 Relinquished babies for adoption**

- Cases of mothers who wish to relinquish their babies for adoption will be the responsibility of Permanency Teams.

### **1.10 Remands to Local Authority Care**

- When young people are remanded to custody. This area of work will be undertaken by the LPTC teams. Referrals should go directly from MASH to LPTC teams, and not via the Area teams.
- Section 38(6) PACE requires that when a child or young person is detained after charge, the custody officer must seek to transfer them to local authority accommodation pending appearance at court. These children will only be looked after until the following day where they will either be remanded or returned home. These cases will transfer from MASH to area teams for assessment of whether on-going social work intervention is needed.

### **1.11 Section 7 and Section 37 reports**

- If a Section 7 or Section 37 report is requested and the child is already allocated within the Area Team, it is the responsibility of the Area Team to complete the report;
- If it is a request for a S.7 and S.37 report on a case not open and known to the Department, it is the responsibility of the Area Team to complete the report;
- If it is a request for a S.7 on a case not known to the Department clarity should be sought from the legal department in conjunction with the relevant Operational Lead to determine why CAFCASS are not undertaking this report. If the decision is that LA must complete then this will be the responsibility of the Area Team to complete the report.

### **1.12 Sibling groups**

- In sibling groups, the children will have the same social worker, unless it can be demonstrated that this is not in the child's best interest. If a sibling group needs allocation following a referral from the MASH they should be allocated to the same Social Worker to complete the assessment. If the children require a CP or CIN plans, these should also be allocated to the same Social Worker. There could be occasions if one child in a family is a LAC and the other siblings on a CP or CIN plan, that they are allocated in separate services and therefore it is important that if there have different allocated social workers that they attend each other's reviews. Agreement will be based primarily on the principle of 'one allocation', but will also take into account the specific needs of the different children in the family. The children's needs should always out way the needs of the service.

### **1.13 Private Fostering**

- If a private fostering referral is received by the MASH a private fostering tab will be opened and forwarded to the relevant Area Team to complete the private fostering arrangement assessment. The assessment would need to be

completed by the social worker, quality assured by the Team Manager and then sent to the West Operational Lead for final approval.

#### **1.14 NRPF**

- If a NRPF referral is received by the MASH it is the responsibility of the Area Team to complete the C&F assessment and provide any services required.

#### **1.15 Early Help Services**

- Please see embedded step up and step down protocol between Social Care and Early Help. This protocol has been designed to support a smooth transition for families from Early Help Services to Social Care and vice versa. Our aim is to ensure that families receive the right level of service necessary to meet their needs and to ensure, wherever possible, cases are dealt with as early as possible.

#### **[Step up Step Down procedure](#)**

### **2. Transfers between Area & LAC teams to CWD Team.**

- 2.1** Disabled children can be transferred to the Children's with Disability teams in Children's Social Care if they are 0-18. Transfer will be agreed if the child meets the criteria for referral. To meet the criteria, the child will need to be diagnosed to have one or more of the following:

- Permanent and substantial physical disability
- Significant learning disability
- a significant sensory impairment
- a chronic and serious health problem

See full criteria [here](#)

- The Children with Disability Teams does not take referrals for children with mental health problems, ADHD or ADD unless they also have an additional (dual) diagnosis as above.

Transfers should be managed via the transition protocol which can be accessed [here](#)

### **2.2 Safeguarding**

- Arrangements for the investigation of a Section 47 referral on a disabled child are undertaken by the respective Children with Disability Teams. However support especially with large families and where there are non-disabled siblings will be provided by the relevant Area team. This will be arranged by the Team Managers.

### **2.3 Non-disabled Siblings**

Where there are concerns for the health, welfare or development of a non-disabled child/ren in the family and the case of the disabled child/ren is held by the CWD Team, the non-disabled child should be referred to Early Help Teams or the CWD Team for a C&F assessment. The non-disabled sibling will be allocated as a complex child in need within the CWD Team. Where there are concerns for the health, welfare or development of non-disabled siblings where there is more than one non-disabled sibling, all the children will be allocated within the Area Teams for a C&F assessment, and a CWD social worker will assist with support, advice and guidance in relation to the disabled child. Non-disabled siblings will be allocated as complex children in need within the Area team if they meet the eligibility criteria and this is the best way to meet their needs and to enable them to continue to live at home. Interventions with the family will be planned between the two social workers involved and a Lead Manager will be identified.

### **3. Transfer Meetings**

A fortnightly transfer meeting should be attended by the Team Managers (H&P service and LPTC service) to discuss cases ready for transfer. Cases ready for transfer will be sent to the Team Manager, LPTC service and a named team will be identified within one week of this. Cases ready for transfer will be checked against the transfer check list by both outgoing TM and incoming TM to ensure work has been completed in line with check list and is of a good quality. Any identified deficiencies must be addressed within 5 working days but will not prevent transfer occurring within the agreed timescales.

- Within two weeks the respective Team Managers will have met or at least had a telephone meeting and there will have been a joint introductory meeting with the child or young person by the allocated and new Social Worker. If for any unexpected reason the Team Managers have not met or spoken this should not delay the progression of the transfer
- Case transfers to and from the respective Children with Disability teams will be arranged by the Team Managers with oversight from the Operational Lead, H&P and LPTC Services. However timescales above apply to avoid drift in children and young people receiving a service.
- It is not expected that Team Managers of the CWD will attend the fortnightly transfer meetings between Area and LPTC teams

### **4 Cases being transferred must contain the following:**

- Protocol front page must be accurate and up to date, with all relationships created
- C&F Assessment unless the child/ren is subject to an EPO and the family not previously known
- Up to date chronology in line with the Departmental guidance
- Transfer checklist and summary
- All episodes completed

- Correct placement address
- LAC Documents – Care Plan; Placement and Medical Consent; Placement Information Record; BAAF Medical Consent

The transfer summary must specify:

- a brief outline of the plan for the child
- contact arrangements
- any financial commitments/arrangements
- any transport/care packages with provider and costs
- dates of reviews/Court hearings/significant events
- Immediate and ongoing tasks to be undertaken.

The Area Team Manager/or Snr Practitioner must audit the file against the transfer checklist prior to the transfer.

## **5. Resolution of complex issues**

- Although the transfer protocol covers many complex situations, there may be circumstances which do not fit readily with the guidance. In such cases, an Operational Lead from each service will discuss the individual case and agree which service is best placed to meet the needs of the individual children within the family, or family as a whole.
- The needs of the child should always be paramount and children should be at the centre of decision making.

## **6. Please see case list transfer checklist that can be accessed [here](#)**

Please note that the transfer checklist will be reviewed and updated by Operational Leads in January 2018.