



## Transfer Principles and Protocol

### Transfer Principles

The basic principles agreed between the Head of Services is that the transfer points are adhered too at all times and issues of capacity are then addressed by the Children’s Social Care Senior Management Team; capacity is not a determining factor for transfer.

- Children and families are at the heart of all our planning.
- Children are in the right part of the service at the right time to ensure that this is a positive journey.
- Children are in the right area of service with the right skills to support them.
- We would want to work together to best enable everyone supporting transfers for children.
- Everyone is committed to making sure that planning is smarter and minimises impact on children and families therefore although all of the transfer points below are a joint expectation – cases should be discussed on a case by case basis and transfer agreed on a needs basis and the needs of the child should always be at the fore front of the transfer.
- A joint expectation that the Children’s Social Care Transfer Policy is owned and implemented by all service areas.

Service child is in	Commentary	Service child will move too.	At what point
ST MACH	Contacts that meet threshold for assessment.	Assessment  CWD cases will transfer direct to CWD if this meets CWD criteria	Within 24 hours

ST MACH	Transfer in for ICPC  All relevant paperwork from the transferring authority will be requested and on receipt the child will transfer	CIN & CP via the CP/CIN Duty Tray  (duty rota manager to oversee)	Within 24 hours with full paperwork
ST MACH	Referral for Section 7/37 & Court order	CIN & CP Via the CP/CIN Duty Tray & CWD (Unless the court is specific to an individual when the order will go to the team manager for allocation)	Within 24 hours
ST MACH	Emergency referral for removal of a child and immediate court application	Assessment	Immediate
ST MACH	SUBB  SUBB (previous child(ren) removed)	CIN/CP CP Via the CP/CIN Duty Tray  LAC via the LAC Duty Tray	Immediate  Immediate
ST MACH	Relinquished Baby	LAC	Immediate
ST MACH	Re-referrals over 3 months from CIN/CP: ST MACH to review re-referral and closure summary and if meets threshold for intervention by social care then to be transferred.  If the matter comes back within 3 months being closed then is sent back to last team and the Team Manager.	Assessment  CIN & CP Via the CP/CIN Duty Tray	Immediate
ST MACH	Re-referrals from LAC over 3 months – ST MACH to	Assessment	Immediate

	<p>review re referral and closure summary and if meets threshold for intervention by social care then to be transferred.</p> <p>If the matter comes back within 3 months being closed then is sent back to last team and the Team Manager.</p>	<p>Team</p> <p>LAC Team via the LAC Duty Tray</p>	
ST MACH	Children identified as privately fostered	Assessment	Within 24 hours
Assessment	Complete a 10/25/45 day Single assessment, threshold demonstrates Early Help services	Early Help Services	Step down following weekly discussion forum. Transfer audit completed by assessment team prior to transfer.
Assessment	Complete a 10/25/45 day Single assessment, threshold demonstrated for CWD	CWD	At first CIN Planning Meeting. Transfer with single assessment and audit completed by assessment team prior to transfer.
Assessment	Unaccompanied Asylum seekers. After assessment 10/25/45. Merton compliance	LAC/Pathways	After assessment. Transfer audit completed by assessment team prior to transfer.
Assessment	Complete the 10/25/45 day single assessment. The outcome is requires a CIN plan or CP plan. A plan is put in place by the 25 day point. The allocated team at the 25 day point is responsible for the	CIN & CP or CWD	At first CIN review meeting or ICPC

	production of the plan.		
Assessment	Children residing in private fostering arrangements	LAC	Following completion of the private fostering arrangement record assessment
CIN & CP	Safeguarding the UBB Procedures;  Outcome = CIN PLAN  Outcome = Initiate Proceedings	CIN/CP  CIN/CP  CIN/CP	Retain in CIN/CP  Retain in CIN/CP  Retain in CIN/CP  Transfer to LAC (where applicable) following the final hearing and plan is LT FC or adoption
CIN & CP	CP plan is successful and steps down to CIN.	CIN & CP	Outline CIN Plan produced at the RCPC. This includes including contingency arrangements and timescales for holding at CIN.
CIN & CP	The CIN plan is successful and steps down.	Early Help	Step down following weekly discussion. Early help practitioner attends the CIN review meeting. Case transferred with single assessment and plan, which Early Help transfer into the My Family Plan. This includes contingency actions.

CIN & CP - emergency	<p>A child who is open to CIN and CP becomes looked after following an emergency</p> <p>CIN &amp; CP retain case through care proceedings</p> <p>Gateway, permanence and Review panel attended retrospectively by CIN &amp; CP</p>	CIN/Cp retain though care proceedings	If final court plan is likely to be LTFC LAC co-work through court and full transfer at final hearing
CIN & CP	<p>Significant concerns about risks increasing. Agreement via three way (SW and TM) meeting with Head of Service that the recommendation is for a PLO meeting (child is not accommodated). Gateway panel referral made and following this Social worker arranges PLO meeting.</p>	CIN & CP	Remains with CIN & CP
CIN & CP	<p>Significant and immediate concerns about a child's safety results in a three way meeting with Head of Service and immediate legal advice. Family express a wish to care for the child in a family arrangement. If issuing agreed paperwork for legal proceedings is completed by CIN &amp; CP.</p> <p>Retrospective referral to Gateway panel due to initiating legal proceedings</p>	CIN & CP	Remains with CIN & CP if family order granted
CIN & CP	<p>Planned issuing of care proceedings agreed via Gateway Panel where the likely outcome is CAO and where the children will</p>	CIN & CP	Remain with CIN & CP

	remain with family for the duration of the proceedings. CIN & CP complete paperwork and the children remain with CIN & CP.		
CIN & CP	Issuing of care proceedings where the likely outcome is CAO however an Interim Care Order or Care Order is granted	CIN/CP retain through care proceedings	Should the court indicate that the Care order must remain in place longer than 6 months transfer to LAC
CIN & CP	Child becomes LAC and there are no family and friends carers	CIN/CP retain through care proceedings	If final court plan is likely to be LTFC LAC co-work through court and full transfer at final hearing
LAC	Child is subject to revocation of a Care Order – if case is likely to close within 3 months case remain with LAC	LAC	Not applicable
LAC	Child is 15 and requires preparation for leaving care.	Pathways	Planned transfer at the age of 16 years
CWD	Child is reaching 14 years of age and meets criteria for Transitions team intervention	Transitions Team	Planned transfer at transition meeting

**Note – for Front line – cases will mirror the same transition points as detailed above**

## **Transfer Protocol:**

By mid-day on a Tuesday of each week the transferring team will compile a list of children and young people to be discussed for transfer on a Wednesday afternoon at service allocations meeting.

On a Wednesday there will be weekly allocation meeting in CIN & CP and LAC service areas; this will ensure that children identified for a transfer to another part of the service has an identified worker allocated by the receiving service and the transfer date is set (as per transfer principles).

The list is then sent back to safeguarding admin who notify the appropriate manager of the receiving team and worker.

Where there is any disagreement this must be resolved by discussions with Heads of Service prior to the transfer date and will not be seen as a barrier to transfer.

The following standards apply to case transfer:

1. Points of transfer are set out and applicable across the whole service.
2. There should be no delay in social work intervention with families as a result of case transfer.
3. Standards of service delivery across Children's Social care are the responsibility of all managers and staff.
4. Families should experience a smooth transition between service areas. The process should not be disruptive to them, and they should expect a similar understanding and approach to addressing their needs as from the originating service.
5. Where possible, plans and contingency plans should be in place before a transfer, with a clear contingency plan in place.

6. All work in LCS related to the child will be completed by the sending social worker before transfer including the chronology and genogram and Danger Statement (where applicable).

7. In every transfer there will be recorded in LCS a case summary, reference to threshold which evidences threshold level and a SMART plan will be completed by the sending social worker. The child will transfer at the agreed transfer point without delay.

8. The assessment will be completed as per the transferring teams operating principles. The most recent LAC, CIN or CP meeting (must be within statutory timescales) will be evident on the file prior to transfer. Case notes must be up to date.

9. As a minimum all of the following should be up to date:

- Child/Children Details
- Name (check correct spelling)
- DOB
- Gender
- Nationality
- Ethnicity
- Religion
- Disability
- Legal Status
- First Language & if interpreter required
- Home/Placement address
- Telephone
- Immigration status
- Case Status
- Hazards
- Family Composition



- Key family members - Name, dob, relationship, PR, address,
- Professionals
- GP (NHS Number) Address & telephone number
- School (including UPN Number)
- Dentist
- Health Visitor
- School Nurse

10. If the child is looked after there should be as a minimum:

- Medical held and up to date
- PEP held and up to date
- LAC review report completed and all reviews up to date
- All placement details are correct on the system

11. Ensure that all appropriate documents such as direct work, court work etc. is saved in the appropriate Objective file.

12. The Team Manager or ATM and/or Administrative assistant will check that work has been completed in line with this protocol prior to the child transferring to another part of the service. However gaps in data are not a reason to delay transfer for the child. Where there is a gap in data this will be discussed and resolved by the sending team within 48 hours of the child transferring.

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