



Policy Document

PRO-ACTIVE TRANSFER POLICY



Document Control

Document Title:

Summary

Publication Date	18/6/18
Related Legislation / Applicable Section of Legislation	
Related Policies, Strategies, Guideline Documents	
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Policy Author (Name/Position)	CHILDREN'S SOCIAL CARE SMT

Review of Policy

Last Review Date	
Review undertaken by	
Next Review Date	JUNE 2019

Document Approvals

This document requires the following approvals.

Name	Title	Date of Issue	Version Number
CSC SMT	ASST DIRECTOR		V0.01
	HEADS OF SERVICE		

Components of Your Policy

Contents Page (Optional)

Consisting of:

- Table including list of section/sub-section headings and page numbers

Executive Summary (Optional)

Consisting of:

- Synopsis including the documents aims
- Whom the document is applicable to
- If new document, reason for development
- Documents to be read in conjunction with

1. Introduction (Mandatory)

Consisting of:

- Rationale stating why the document is necessary. It will include reference to any relevant guidelines, statutory requirements or other recommendations
- Scope; this defines for whom and where the document will apply and whether a corporate or local procedure supports the implementation of the policy
- The major underlying principles on which the document is based.

2. Policy (Mandatory)

Consisting of:

- Actual content of the policy. A policy document may include several sub-headings under this topic.

3. Process for Monitoring Compliance and Effectiveness of the Policy Document (Mandatory)

Consisting of:

- An outline of the proposed methodology and approach for the review of effectiveness and/or compliance with required standards

4. Policy Review Date (Mandatory)

Consisting of:

- Date policy will be reviewed

5. Glossary of Terms (Optional)

Consisting of:

- Definition of technical or specialised terminology used within the document

Term	Meaning

6. Supporting Documents (Optional)

Consisting of:

- Details of any supporting/linked documents that should be considered to enable effective application and utilisation of the policy document.

7. References (Optional)

Consisting of:

- A list of documents referred to in the main body of text

8. Appendices (Mandatory, if mentioned in other sections)

Consisting of:

- Additional material necessary to the delivery of the policy document requirements
- Implementation plan
- Equality Impact Assessment

Introduction

This policy has been developed with the core principle that children and families should experience a seamless service regardless of need or the level of social work intervention within their lives. The Policy is intended to ensure that children receive the right service at the right time and are supported by professionals with the right skills and expertise to help meet their individually assessed needs and progress their plan successfully.

It is also based on teams working collaboratively and adopting a whole service approach. In order to achieve this the transfer of cases will normally take place through a multi- agency meeting and help the passing of the baton at the point of transition, and provide the opportunity to actively share information , meet the family and shape and influence practitioner to actively influence the plan and interventions that are needed.

LOCALITY ALIGNMENT CORE PRINCIPLES:

- The policy is based on locality alignment in order to promote robust collaborative relationships both internally and externally.
- Children and Families will experience seamless transition and cases will transfer through a multi-agency meeting
- Forward flowing system
- All cases will have active allocation and intervention, irrespective of which service area it sits.
- Service alignment between FRT/CP is FRT 1 – CP 1 to FRT5 – CP 5
- Relationship model – Practice Managers develop their links across service areas to ensure robust timely conversations regarding case transfers are happening at the earliest point of the child's journey.
- Demand and capacity within individual service areas will not be a barrier to a case transferring to the relevant team. Primary consideration needs to be ensuring families; children and young people receive the right service with the right professional support at the right time.
- The principles of the policy and agreed points of pro-active transfer apply at all times.
- Should individual service areas experience demand pressures then it will be appropriate to look at case allocation across the service area in the first instance.
- HOS will direct the allocation of work outside of the agreed team alignment should there be a need to redistribute work across their respective teams.
- Should any service area not have capacity to manage demand through the re- distribution of cases across their teams then whole service solutions will be sought as such the HOS will be responsible for discussing pressures and reaching solutions with colleagues in SMT.
- Where resolution cannot be reached the matter will be raised with the respective AD.
- Any request for learning opportunities – case retention to be agreed via respective HOS
- The Practice Manager triggering the transfer process will be responsible for notifying the IRO / Conference Chair of transfer between Service Areas
- Any co-working arrangements need to be agreed between respective Practice Managers with agreement from the HOS.
- At any point of transfer it is the responsibility of the case holding team to inform the child / family of the planned change in team and social worker.
- The existing team / worker to invite the receiving team to the multi-agency meeting
- Should there be non-attendance without prior agreement from the receiving team at the agreed pro-active pick up point then the holding PM will transfer the case electronically into the receiving PM. This will also include the involvements being updated to the PM name on LCS.
- Once the proactive pick up point has taken place the electronic case transfer needs to be completed by the next working day – should the receiving manager not be available a service representative will complete the allocation to avoid delay for the child.
- The quality assurance of a file for transfer should be completed by the transferring practice manager in advance of transfer. The QA of a case and any remedial action will not prevent the transfer taking place. An agreement of timescales and delegation of remedial work will be between the sending and receiving

PM. If this work is not completed within the agreed timescales the PM's should in the first instance seek to resolve the matter, if this is not possible it should be escalated to the HOS.

In event of any disagreements for case transfer this will initially be managed between the responsible PM and the PM the case is to transfer to. Should the disagreement not be resolved then it will be escalated to the respective HOS.

Transfer from EHASH to FRT

- Contacts will be transferred from EHASH to the FRT locality team where the family reside. Prior to the contact being allocated to the PM ICS tray the PM will be notified by the RICs that a contact is being allocated and the PM will then make a decision on the contact.
- Any contact which is considered urgent i.e. a child injury, section 47 then the PM of the locality will be contacted and spoken to by the EHASH manager to be alerted to this contact and to be able to action at the earliest opportunity.
- Should any FRT manager be on leave or out of the office then the other FRT managers will take responsibility for managing the contacts which come through for the locality of the absent manager. Arrangements will be agreed in advance and HUB manager alerted.

TRANSFER BETWEEN FIRST RESPONSE AND CP/COURT/CWD

ICPC:

Agreed pro-active pick up point

- At the earliest point the First Response service know that a transfer across is required FRT PM will have a discussion with their locality 'buddy' and advise of case details and give an 'early heads up' regarding the case. The conversation will then be followed by the electronic transfer on LCS (See below)
- Where there is a child with a disability or complex health needs then FRT Manager will discuss with the CWD manager to confirm they meet the criteria for the team. Where there is a sibling group and one child has a disability or complex health needs agreement will be sought about whether the case will be joint managed with CP/Court team or not.
- An 'early alert' will be triggered with the 'buddy' and on LCS which will include details known regarding the dates of the pending transfer point (ICPC/INITIAL HEARING/CORE GROUP/CFC REVIEW). This alert will also add confirmation of any funding agreements that may be in place.
- The CP/Court Practice Manager/SW or representative will attend the ICPC and will take case responsibility at this point from 3rd September 2018 – interim position is at responsibility will transfer at Core Group within 5 days of the ICPC.
- The CP/Court Practice Manager/SW will be responsible for the initial core group and finalising of the CP Plan.
- FRT will do the outline plan for Conference – CP and court will finalise and sign off at first core group
- For transfer in cases from another LA – FRT will conduct the initial welfare check. (Case responsibility still lies with the transferring LA) The same pro-active pick up point applies – Transfer in CPC.
- The responsible team will ensure that the case file is ready with the responsible manager completing an audit to ensure that it meets expected performance standards. Any disputes regarding casework standards and quality of practice need to be addressed and resolved without delaying transfer point.
- Good practice should be maintained in the best interest of the child and family – FRT/CP/CWD joint visit to be arranged (This will not influence or delay the agreed pick up point).
- If the receiving manager is on annual leave it is their responsibility to ensure that the transfer of cases is covered with their service colleagues who can action/allocate/attend the relevant meeting in their absence. This involves PM's having access to LCS trays. Whereby arrangements have not been made for cover the receiving HOS will intervene and allocate to avoid drift and delay.

PLO/CARE PROCEEDINGS:

Agreed pro-active pick up point

- P/Court Practice Manager, Social Worker or representative to attend the initial hearing – this is the pick-up point and case responsibility will transfer at this point.
- P/Court Practice Manager or Social Worker to attend the first PLO meeting – this is the pick-up point and case responsibility will transfer at this point.
- The responsible team will ensure that the case file is ready with the responsible manager completing an audit to ensure that it meets expected performance standards.
- Where amendments to the PLO working agreement are required, FRT will complete and send to legal. This however will not prevent transfer.

FRT/CP/COURT TO CARED4CHILDREN:

Agreed pro-active pick up point

- Where FRT have identified through the assessment and permanence plan the case to be long term care a care planning meeting will be arranged which the CFC PM and/or proposed allocated worker will attend - case responsibility will transfer at this point.
- An early alert system will be established through Legal Care Planning process whereby a tracker identifying children where the long-term permanence plan has been agreed will be populated
- On conclusion of care proceedings where the permanence plan is endorsed the CP SW will arrange a care planning meeting which the CFC PM and/or the proposed newly allocated worker will attend - case responsibility will transfer at this point.
- Where CP /Court/C4C team hold a case where a child has a disability or complex health needs then on conclusion of care proceedings CP SW will arrange a care planning meeting which the CFC PM will attend and case responsibility will transfer at this point.

Case transfer from CWD

CWD case transfer to Adults 14-25 team;

- Notification referral to Adults to be made at 16 yrs
- Adult to nominate worker and agree a date to commence involvement
- Transfer point in on 18th birthday unless C4C

UASC:

- Spontaneous arrivals – FRT
 - Age assessment challenges – FRT
 - Dublin III - FRT
 - National Transfer Schemes – CFC
- NB all UASC will be deemed C4C therefore follow the C4C transfer route

GLOSSARY

FRT – First Response Team

PM – Practice Manager

HOS – Head of Service

AD – Assistant Director

LCS – Liquid Logic Children's System

ICPC- Initial Child Protection Conference

C4C – Cared 4 Children

CP – Child Protection

ICPC – Initial Child Protection Conference

PLO – Public Law Outline

UASC – Unaccompanied asylum seeking child



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