**South Gloucestershire Transfer Protocol**

**The Right Help in the Right Way at the Right Time**

**December 2020 V8**

This document has been prepared as a consultation document outlining the transfer protocol for families transferring to and from ART. It may be expanded to encompass all ICS teams, but focus at this point is on getting the ART transfer process right.

The protocol outlined below must be used flexibly and with discretion between teams in order to provide high quality services for children and their families. This will involve professional judgement, assessment, cooperation and effective communication between managers and the teams they manage.

The protocol is here to provide guidance - not rigid rules.

1. **Principles:**

* The primary consideration in all case transfer decisions and negotiations must be the needs and best interests of the child/young person and their family. The number of transfers will be kept to a minimum and wherever possible the child's wishes and feelings will be taken into account.
* Conversations regarding transfers between practitioners, practice managers and team managers are strongly encouraged, and should always take place if there is uncertainty about the level of need/whether to make a transfer to another team
* Conversations should take place at the earliest opportunity between managers of current and future teams when indications emerge that a family needs to be transferred to a particular service
* Transfers should be smooth and swift
* The departing team is responsible for ensuring that the transfer is appropriate before the transfer is made and should initiate a conversation with the receiving team to avoid inappropriate transfers and to ensure there are no unnecessary delays for families. (This does not apply routinely to families moving between Access and Compass, although conversations should be held where there is uncertainty)
* Receiving teams need to accept transfers promptly - there should be no unnecessary delays for families.
* Transfer decisions should be respected as far as possible
* Parental **or** child (in the case of young people) consent for referrals to ICS should be obtained by the referring agency and should be explicit on all transfers.
* In all cases, the child/family ***needs*** should be clear – specific services to be offered can be worked out by the transferring in team
* Files should be up to date with minimum standards adhered to below.
* 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;
* Wherever possible, the siblings of a child who becomes looked after will be allocated the same social worker, even if the other children are not looked after themselves;
* Where there is disagreement, these should be resolved by team managers in the spirit of good communication and collaboration, and with families at the heart of all discussions.
* All professional disagreements between operational managers which cannot be resolved shall be referred to their respective Service Managers for final decision.
* Internal professionals’ meetings (Family Needs Meetings – or do you want to refer to them as Pause conversations?) may be needed in some cases where there are complexities and needs sit of the cusp on a threshold and the destination team may not be clear without further thought, but meetings should not routinely be required.
* Once families have been accepted for transfer, the case file should not be returned to the originating team, but actions should be taken by the receiving team to resolve any issues.

1. **Minimum Standards for transfer**

2.1 For Referrals **from** Compass or Access **to** Response, the Children with Disabilities Team or Preventative Services where further assessment/intervention is required the following should be included:

* Basic details in ICS Person details need to be up to date and complete including relationships, health and disability and ethnicity
* For children where the primary need is the child’s disability, detail of the condition
* Consent for the referral (Parental consent sufficient)
* An outline description of the child/family need
* Where sought, family views
* A chronology is started/continued to include current referral and referrals over the past 12 months (whether for Preventative Services or Social Care) as a minimum
* Information from any agency checks which has contributed to the decision
* Up to date case recording and very brief analysis
* Supervision record from manager or manager sign off
* For children with disabilities, managers sign off to include that the primary need is the child’s disability

Threshold decisions will be made in Access within **one working day**, at which point cases will cases will either close, transfer to Compass because support is needed but does not reach the social care threshold, transfer to preventative services for assessment/support, or will transfer to Response or to Children with Disabilities team if the child’s disability is the primary need, for statutory assessment.

For children with disabilities see internal threshold document. (Link)

Referrals from Access or Compass should not require internal meetings, but where helpful, telephone conversations between managers/practitioners should assist in making decisions about whether families should transfer. In all instances, with the exception of Section 47 cases, consent of the family must be explicit.

In **exceptional** cases, where families are on the cusp of statutory intervention and more discussion is needed with a wider range of managers to make sure the right decision is made, a Family Needs Meeting can be convened. This will need to be same working day however. Consideration should always be given to families being supported at the lowest level of intervention.

Once Access have made their threshold decision and referred a family to Compass, Families Plus, Children with Disabilities or Response, they should not be returned to Access, even if the receiving manager disagrees. The receiving team manager should accept the referral, and if their decision is different, they will make that decision, record it and take whatever action they see fit. The receiving Team Manager should feedback to the Access Team Manager where they have taken a different decision in order for reflection and learning to take place. If there are serious concerns about the application of threshold, these should always be raised with the Access Team Manager and if this does not resolve the issue, this can be escalated the Service Manager.

* 1. For Referrals **from** Response **to** Locality Teams, Children with Disabilities or to Preventative Services include:
* Basic details in ICS Person details needs to be up to date and complete
* For Children with Disabilities details of the child’s condition
* Consent for the referral (Parental consent sufficient)
* A description of the child/family need
* An up to date assessment including family / children / young people views
* A family safety plan
* A chronology, to include past referrals to children’s services and most significant events
* An up to date basic genogram
* Information from any agency which has contributed to the decision to transfer
* Up to date case recording and brief analysis
* For children with disabilities, transfers made to the children with disabilities team should indicate the transfer is being made for a specialist assessment
* Supervision record from manager or manager sign off
* Transfer Summary indicating significant dates and any outstanding tasks
* Letters to inform Professionals and Parents about transfers of cases
* Transfer checklist completed by the team manager

Families should be transferred at a CIN meeting, ICPC, first Children Looked After review, Initial proceedings hearing or TAC meeting. Transferring and receiving teams should always be present at these transition meetings. Transferring teams must give receiving teams sufficient notice to enable them to make arrangements to attend. See 3.3 below.

Referrals from Response should not routinely require internal/professionals’ meetings for cases to transfer, but conversations between practitioners and/or between managers ahead of the transition meetings should enable smooth transfer of cases. Where Early Help or Preventative Services may be required, Response SWs are encouraged to speak to a member of the Compass team where they are uncertain about how a family should be best supported.

Once the Response Team make their decision, they should make arrangements to transfer families without delay.

In exceptional cases, where social care and preventative services are agreed that further discussion is needed before the transfer can take place, the family should be taken to a families’ needs meeting. These are likely to be families on the cusp of a threshold. Where there are professional disagreements about the need for this, the case should be escalated to the relevant service manager. Such cases should be rare.

Response SWs should not wait to start addressing need identified, and as soon as needs are identified they should start providing the interventions/making referrals as required. For Children with Disabilities, care should be taken not to commit the CwD service to interventions before they have completed their specialist assessment.

* 1. For referrals **from** Preventative Services **to** Access
* Basic details in ICS Person details needs to be up to date and complete
* Consent for the referral (Parental consent sufficient)
* A description of the child/family need
* An up to date assessment
* An outline family plan
* A chronology, to include past referrals to children’s services and most significant events
* An up to date basic genogram
* Information from any agency which has contributed to the decision to refer
* Up to date case recording and brief analysis
* Supervision record from manager or manager sign off
* Transfer checklist completed by the team manager

As above, referrals from preventative services to access should not routinely require professionals’ meetings for families to transfer, but conversations between practitioners and/or between managers should enable smooth transfers. Where there are professional disagreements about the need for this, the South Gloucestershire Children’s Partnership Resolution of Professional Differences (Escalation Policy) (Updated October 2020) should be applied and the relevant service manager involved when required.

1. **Process**

3.1 Transfers from Access

Families are transferred swiftly from Access to Response or to Compass as soon as the threshold decision is made (as outlined above).

3.2 Transfers from Response to children’s social care

A rolling transfer list is kept on the shared network drive (K drive) and is accessible to all team managers and senior social workers. Children’s names will be added to this list throughout the week, by the manager/senior who has identified that the appropriate threshold for transfer has been met. The status column must be set to “Pending”. This will generally be at the time that the child’s assessment has been signed off, in which case the manager’s comments on the assessment should reflect this decision. The Team Manager should add their own reflections on the decision and should not simply comment that they agree with the social worker. The manager will complete the transfer checklist, quality assuring the file and indicating it is ready to transfer.

By 4:30pm on Thursday all mangers/seniors who have added names to the list must email all managers for the teams that they are wishing to transfer children to confirming that the list has been updated. By 11:00am on Monday, all receiving managers must identify a worker, to whom the child can be allocated, and add their name to the list. An email must be sent to the transferring manager to confirm these details. Managers/practitioners should make any phone calls to clarify issues between Thursday and Monday. Social Workers are not expected to attend meetings to enable cases to transfer, but should be able to answer any questions by phone receiving teams may have.

3.2. It is an expectation that the decision of the transferring manager correctly identifies threshold and that this will be respected by the receiving manager. Transfers from Response should include conversations with the receiving team, and these are essential where there is any doubt about threshold or need for the transfer. Where there is a professional disagreement on the part of the receiving manager it is their responsibility to record a defensible decision on the child’s Mosaic case file and appropriately notify the child and family. Additionally, the Mosaic workflow must be correctly closed off. As a courtesy, the transferring manager should be notified, and a case discussion facilitated if appropriate. Where the receiving manager considers that there is a significant practice concern, they should discuss this with their Service Manager within the context of South Gloucestershire’s Escalation Policy.

3.3. Children should transfer between workers at an appropriate meeting, which will normally be a TAC meeting, a Child in Need Meeting, an Initial Child Protection Conference, a Children Looked After Review (the first review for ART transfers) or a Court Hearing. The receiving team must be notified in good time to enable them to make arrangements to attend. The timescales are as follows:

* For families going to ICPC, the receiving team should be notified at the same time as the case is added to the transfer list, which is at day 5 following the strategy, as that is the notification date to go to ICPC. If there is insufficient notification the response team will have to hold the first core group.
* For families who will have a CIN Plan, the CIN meeting needs to be arranged within 10 working days from the date that the family is placed on transfer list.
* Children transferring to Families Plus should transfer within 10 working days of being placed on the transfer list with consideration of whether a TAC meeting is needed.

As such the receiving manager should ensure that the child is allocated to a worker who is able to attend the meeting. In exceptional circumstances a duty worker, or the manager themselves, should attend, but this does not represent child focused practice, and should be avoided where possible. Under no circumstances should a transfer be delayed because of the receiving team’s availability to attend the meeting. Where the receiving team have not been given sufficient notice the Response team will have to hold onto the family until next review.

3.3 Transfers to Children with Disabilities

See Internal ICS 0-25 Service Interface protocol (Link)

3.4 Transfers to Early Help/Preventative Services

Social Workers who have assessed that Early help or Preventative Services would benefit the family and the family have consented, they will link the family to the service they think might offer the best support. This may be a community based or voluntary service, or it may be Families Plus or the YST. Compass can provide advice and support about early help provision where social workers are unsure about available resources or if preventative services are the right source of support.

Transfers to Families Plus and YPS need to operate in the same way as transfers to social care outlined above.

3.5 All transfers should be guided by the principle of providing a service that best supports the most positive outcomes for a child. All transfers should be quality assured by a manager who has completed the transfer checklist.

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