**** **Transfers and Transitions Policy and Procedures for Integrated Children’s**

**Services Teams**

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**Scope and Context**

The purpose of this document is to clarify the transfer arrangements for all children and young people within Integrated Children’s Services (ICS). This includes when a child is transferring between allocated practitioners, between Teams across the Services, and between different Local Authorities. This has been completed in collaboration with Service Managers, Team Managers, Early Help and Strengthening Independence Service seeking to align services and standards to improve outcomes for children.

Children's individual and changing needs mean that different services may be required by children and their families at different stages. Therefore, it is inevitable children will need to change teams to receive different services. It is in this context that it is essential for practitioners and managers to be clear about the transfer points, the timescales, the processes and what to do if there are any issues preventing a smooth transfer.

The procedure covers transfer points for the following teams within Kent Children's Services:

Children's Social Work Teams (CSWT)

Strengthening Independence Service for Disabled Children and Young People 0-25 (SIS)

Children in Care Teams (CIC)

Adolescent Support Teams (AST)

The procedure references when children and young people should be transferred to the 18+ Team, Adoption Team, Early Help and Adult Services.

**Relevant Policies and Procedures:**

[Child in Need Plans and Meeting Policy](https://www.proceduresonline.com/trixcms2/media/18273/child-in-need-plans-and-meetings-policy.docx)

[Disabled Children's Services Procedure](https://kentchildcare.proceduresonline.com/p_child_disability.html)

[Short Breaks Procedure](https://kentchildcare.proceduresonline.com/p_short_breaks.html)

[Children with CP plans across Local Authorities Transfer in Process](https://www.proceduresonline.com/trixcms2/media/16715/children-with-cp-plans-across-local-authorities-transfer-in-progress-new.docx)

[Out of Area Placements Procedure](https://kentchildcare.proceduresonline.com/p_out_area_place.html).

[Ceasing to Look After a Child](https://kentchildcare.proceduresonline.com/p_cease_to_la_ch.html#3.-care-leaver-status)

[Preparing for adulthood protocol](https://www.kent.gov.uk/__data/assets/pdf_file/0010/125938/Preparing-for-adulthood-protocol.pdf)

[Relinquished Babies and Children](https://kentchildcare.proceduresonline.com/p_relinquished_children.html?zoom_highlight=relinquished+babies" \l "2.-referral-and-allocation)

Criteria for referrals to Adolescent Support Teams (AST) and Adolescent Early Help Units (AEH)

**Relevant Guidance:**

Changing the Social Worker - Children's Advice for Professionals

[Kent support level guidance](https://www.kscmp.org.uk/guidance/kent-support-levels-guidance)

Transition Panel TOR

Practice Guidance Handbook for Early Help

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# 1. Principles Underpinning the Transfer of Children between Services

This policy sets out 'best practice' principles and processes regarding case transfers. Underlying principles of best practice in transferring cases are:

* The safety and welfare of the child is paramount
* No delay is acceptable
* Good sharing of information with the child, their family and professionals
* Good order in respect of the child’s file

The procedure sets out expected timescales ([**in Section 6**](#_6._Transfer_Points)) for transfer between teams, depending on the scenario. However, for this to work as effectively as possible for the child and family, a degree of professional judgment will be required. A change of practitioner is a significant event for a child and family and needs to be reflected in sensitive and careful handling by managers and practitioners.

It is important to consider how it may feel for a child or young person when there is a change to their practitioner/ Social Worker. This needs to be built into plans and take into account the views expressed by them. See **Changing the Social Worker - Children's Advice for Professionals.**

# 2. The Transfer Process and Standards Expected

When children’s situations meet the criteria for transfer, this should be treated as a priority, with every effort made to ensure smooth and timely transfer. To enable effective transfer of a child the following should happen:

|  |  |
| --- | --- |
| 1 | The Team Manager consults with the receiving Service to discuss the child and appropriateness for transfer. This will be based on support level guidance and transfer points between Services. See Section six. As of October 2023, children who do not meet the Strengthening Independence Service transfer criteria but meet threshold for support under S17, and it is agreed between the District Team Managers they require a Child in Need Plan, a transfer should occur to the CSWT, not a re-referral to the Front Door. This avoids delay for the family and duplication of a Child & Family assessment.  |
| 2 | Children, young people, their parents/carers and agencies are advised of any plans to transfer between teams.Where a sibling group are in proceedings, but not all are in Local Authority care, the family need to be given an explanation about why they are transferring to CIC Team, being mindful they may worry the Court outcome is being prejudged and the may have a belief all their children will be taken into care |
| 3 | The decision to transfer a child should be taken by the outgoing Team Manager and a rationale written to the child recorded on the child's file. See Section 3 |
| 4 | Once transfer is accepted a joint supervision should be set up between the receiving and outgoing Team Managers and Social Workers/ practitioner. |
| 5 | Unless there are exceptional circumstances, the transfer should include a joint introduction meeting with the child and their parent/carer. |
| 6 | Relevant professionals and the receiving team should be invited to any meetings close to a transfer date and an explanation given to the family and professionals prior to the meeting about their attendance. For a child where care proceedings are being initiated, the CSWS should invite the CIC Team to the first Legal Planning Meeting (LPM) and the initial hearing. The identified allocated CIC Social Worker should attend any Court hearings prior to transfer, to ensure they are part of timetabling discussions. |
| 7 | If the transfer is between Services, then a “Case Transfer” form needs to be completed on Liberi, (found under ‘involvements’, ‘initial case transfer process’). |
| 8 | If the transfer is to the Early Help Service, then a “Step Down to Early Help” form needs to be completed on Liberi by the Social Worker. (This is generated by ticking on C&F or by selecting this when ending the CIN pathway). |
| 9 | At no point should a child subject to a Child Protection Plan or a Child in Care be left unallocated. On some occasions, managers within the Strengthening Independence Service allocate a child subject to a Child in Need Plan to a Social Work Assistant. |
| 10 | If difficulties are experienced in transferring a child between services, due to capacity, this should be escalated to the Service Manager. See Section 4 |
| 11 | Any child re-referred less than 12 weeks from closure (the date of closure recorded on Liberi) will automatically be transferred to the closing team in the relevant district if threshold is met. This includes requests from the Court for Section 7 or Section 37 Reports. However, if the child does not fit the criteria for the Adolescent Service at the point of re-referral, the child will be allocated to the CSWS or EH in the relevant District.  |

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## Actions for allocated Social Worker, prior to transfer (unless agreed otherwise between the Team Managers/Services):

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| --- |
| The case summary must be up to date, noting key information about the child/young person, the safety plan, key contacts, impending meetings and court dates, any financial agreements and details of the child’s current plan and progress of that plan |
| All case recording must be up to date, including the chronology, case notes, family contact details and professional network details  |
| Assessments are approved and on file. All assessments should be completed prior to transfer. However, there might be exceptional circumstances when transfer is agreed between services while an assessment is still being completed. For example, an assessment for Court. If there are any draft assessments, these will be discussed in the supervision with agreed dates for completion and by whom, clearly noted on the file.  |
| Letter and/or email sent to family and professionals confirming a change of service and/or practitioner, date of transfer and contact details with a case note on file to confirm completion prior to transfer or within 2 working days |
| A copy of the current Legal Order is on the file and the legal status up to date. |
| For a child subject to care proceedings, the CSWT would be expected to conduct relevant tasks prior to the transfer at the first Child in Care Review. These include the Placement Arrangement Meeting, organising family time, completing the pre-meeting report for the Child in Care Review, updating the Care Plan, organising the Permanency Planning Meeting and completing the Placement Stability Checklist. See closure/transfer checklist. |
| The 18+ Team must be notified of any eligible young people at 17 ½ so they can allocate a Personal Advisor who will also attend any Child in Care Reviews following this time. Before the transfer over a young person must have a national insurance number (if eligible), an up-to-date Pathway Plan, applied or have a bank account, passport, and any Staying Put arrangements approved.  |
| If there is a Child Protection Chair or Independent Reviewing Officer allocated to the child/children, they need to be informed of the changes at the point of decision to transfer. |

# 3. Management Oversight

There is an expectation when a child transfers between practitioners in the same team, or between different services that:

**The (outgoing) Manager will ensure:**

* The child's case file record is up to date and ready for transfer. See closure/transfer checklist.
* Supervision records are up to date and recorded on the relevant system (Liberi/EHM/Core Plus/LAS/Mosaic).
* A joint supervision is set up between the receiving and outgoing Team Managers and practitioners. This will reflect the current situation for the child/family; what would lead to stepdown or escalation; any immediate actions required; and ensure the Care/Child in Need/Child Protection Plan is SMART.
* If the transfer is within the same team and the outgoing Social Worker has left, a supervision discussion should be held with the allocated worker to discuss the child (as per joint supervision guidance noted above) within 5 working days.
* An introduction meeting has been arranged between the practitioners and family. In exceptional cases where this cannot occur, there needs to be a clear agreement about who will inform the family of the reason for transfer and note the rationale on the file.
* Any outstanding escalations internally, or externally, have been resolved. If these have not been resolved, there will be an agreement about how and when it will be resolved.
* A Management Oversight case note is added regarding the reasons for transfer and what action should happen to support a smooth transition. However, if there is non-engagement or concerns increase a contingency plan is detailed.

**The receiving Manager will:**

* Check the file is up to date and put a Management Oversight on the file noting the date of transfer, receipt of relevant information or information about when this be received, and immediate agreed actions for the allocated practitioner.
* Ensure joint supervision occurs where children in the same family are open to different teams within Integrated Children’s Services. This will benefit the family and practitioners by ensuring there is effective oversight of the plans, joined up working, triangulation of information and avoiding the family having to retell their story.

# 4. Addressing transfer issues between Teams, Services or different Authorities

If difficulties are experienced in allocating a child within the same service (due to capacity) or transferring to a different service (due to capacity, disagreement about the transfer point, or that criteria has been met), the Team Manager will put a Management Oversight case note on the file, ensuring an alert sent to the Service Manager (by adding them as a recipient) within 1 working day. The case note will show the reason for problems with transfer, the actions being taken to address this, and state at the top ‘case note to be redacted.

The Service Managers are accountable for smooth transition arrangements. Where the difficulty is within the same district, in rare and exceptional circumstances when agreement cannot be reached, the transferring Service Manager will liaise with the relevant Service Manager within Integrated Children’s Services and where necessary, escalate their concerns to the relevant Assistant Director for a resolution.

On occasion where the Court does not agree with the Local Authority’s Care Plan, it may be advisable to set up a Permanency Planning Meeting between the CSWT and CIC Service to review the LA’s position and timing of any transfer between teams.

If difficulties are experienced in transferring children from Kent to another local authority, the Team Manager should promptly notify the Service Manager who will decide next steps. Whilst matters are being resolved the originating authority should continue to monitor the Plan and be the responsible authority for visiting the children, although agreement may be sought from the new authority to visit before transfer has completed. The priority should always be about the safety and needs of the child. The family must be informed of who they should contact and at no point should children who are in care or on a Child Protection Plan be without an allocated worker. For further information about resolving any difficulties, see page 6 of [Children with CP plans across Local Authorities Transfer in Process](https://www.proceduresonline.com/trixcms2/media/16715/children-with-cp-plans-across-local-authorities-transfer-in-progress-new.docx)

For children transferring in to Kent, the incoming team should ensure they are completely happy with the documents and assessments provided before accepting transfer, and until such time as transfer is accepted, the child will remain the responsibility of the other local authority.

The Child Protection Chair or IRO should be kept updated if there are difficulties experienced in transferring a child both across services and between teams. They will consider utilising their escalation process, depending on the situation and impact for the family.

# 5. Transfers between Practitioners in the same Team / District

All transfers (re-allocations) between practitioners in the same team or district will be decided and managed by the appropriate Team Managers.

The transfer process and standards in [**Section 2**](#_2._The_Transfer)will be followed. There may be exceptional situations where this is not possible, due to extended sick leave or sudden exit of an employee. On these occasions the Team Manager will agree with the newly allocated worker how to proceed, will ensure there is no delay and that a management rationale is recorded on the file.

# 6. Transfer Points between Statutory Children’s Social Work Services and timescales

## Children Social Work Team (CSWT):

The District CSWT's retain responsibility until such time as it is clear that the child can either be closed, stepped down to Early Help or transferred to another specialist team at the points identified below. There should be a period of joint working and transition as soon as it is identified that transfer should happen.

**Transfers to Children in Care (CIC) Team occur when:**

* A child is becoming accommodated under S20 and there is an expectation that they will remain in foster care for more than four weeks. Transfer should occur at the initial Child in Care Review.
* A child is subject to care proceedings. These are the typical circumstances when transfer should occur:
* An Interim Care Order is granted. Transfer should occur at the initial Child in Care Review.
* The child is already accommodated and/or in a Connected Persons Placement. Transfer should occur at the initial Child in Care Review or next review if this has occurred**.**
* If the Court does not agree with the Local Authority (LA) Care Plan and grants an interim Child Arrangements Order or an Interim Supervision Order, but the LA feels threshold is met, and the child should be in Care. Transfer to Children in Care Team should occur at the next Core Group Meeting or Child in Need (CIN) Review (within 4 weeks) and the child would remain within this team for the length of the proceedings.
* Where siblings are in proceedings but not all are in care, the sibling group should transfer to the CIC Team until their permanency plan is agreed. Transfer should occur at the initial in Child in Care Review or next review if this has occurred. Transfer for the siblings not in care will occur at the same time, via, a Core Group Meeting or Child in Need Review (convened early if required).

Where evidence is shown and the LA agrees that the child remains safe with extended family or friends, and there is an Interim Child Arrangement Order, or Interim Supervision Order granted then the expectation is the child remains with the district, for consistency and best practice. Where they are part of a sibling group and some are in care, they should (unless exceptional circumstances and agreed by CSWT) transfer to CIC.

If a child in care is pregnant and requires assessment, a joint supervision between CSWT and CIC should occur to ensure information sharing, joint planning and agreement about which team is best placed to undertake an assessment.

**Transfers to Adolescent Support Teams (AST):**

Families appropriate for a referral to Adolescent Support Team are when the focus of intervention, or the predominant need for change, is the adolescent being subject to Child Exploitation and the impact of this on their thinking and behaviour, rather than the parenting needs/capacity and there is a significant risk of family breakdown. Referrals can be made once the child is 13+ and it is clear the behaviours are not the result of a neurodevelopmental issue or disability (such as Autistic Spectrum Condition). For further detail see **Adolescent Service Criteria Feb 2022**

Transfer should occur within 10 working days of completion of the C&F assessment at an initial CIN meeting or at a CIN Review (which could be convened early) if circumstances change in the future.

**Transfers to Family Finding Team (adoption)**

* For new referrals of a relinquished baby, the team should contact the Family Finding Team and arrange a join visit and complete a Child and Family Assessment. If the assessment concludes, with parental consent, that the plan is for the baby to be relinquished, transfer should occur at the first child care review. See [Relinquished Babies and Children (proceduresonline.com)](https://kentchildcare.proceduresonline.com/p_relinquished_children.html?zoom_highlight=relinquished+babies)

**Transfers to Disabled Children’s Teams (DCT) within** **Strengthening Independence Service for Disabled Children and Young People 0-25:**

* Referrals of children with a significant learning or physical disability can be accepted any time up to age 18 by Strengthening Independence Service, following a discussion between Team Managers, regarding the circumstances and if threshold has been met. The DCT accept referrals up to age 15½ if the primary need of the child is the significant impact of autism without a learning disability. However, prior to any transfer there needs to be a discussion between Team Managers, or in the West attendance at the Autism Panel. To find out more about the process in the West email: wkascpanel@kent.gov.uk Transfer should occur within 10 working days of completion of the C&F assessment at an initial CIN meeting.
* If the district completes an assessment on a 15 ½ plus child and feel they fit the Strengthening Independence Service criteria, ie the young person has a complex learning and/or physical disability, and may have autism in addition to other disabilities, then a discussion should occur between the CSWT and the Disabled Children Team (DCT) manager.
* If a child with a disability is not open to the Strengthening Independence Service and the primary concern is Child Protection, following the Child and Family Assessment a discussion will take place between the relevant Team Managers within the CSWT and DCT or YPT. This is to determine which team will hold responsibility for the child and agree the timescale for a formal transfer to DCT or YPT, if appropriate. [**Disabled Children’s Services**](https://kentchildcare.proceduresonline.com/p_child_disability.html)
* If prior to transfer a strategy meeting is held and threshold is met for a Child Protection Conference**,** transfer should occur at the Initial Child Protection Conference.

**Early Help and Adolescent Early Help:**

* If a child is turning 18 and continues to require support, they can be transferred to Early Help or Adolescent Early Help (subject to meeting the criteria) as they can provide support up to age 19, or age 24 years if they have a disability. This is subject to the young person’s view and situation. Transfer should occur at least one month before their 18th birthday at a CIN meeting so consideration can be given to the Plan moving forward. An updated C&F assessment should be completed before transfer.
* For transfer from CSWT toEarly Help or Adolescent Early Help see [**Section 7.**](#_7._Transfers_between)

**Transfers to Adult Social Care and Health (ASCH):**

* It is vital that planning takes place for children who have ongoing care and support needs. Transition periods need advanced planning to provide a smooth process. The transition planning process will require a Panel/management discussion to consider whether they are eligible for adult services.
* If a Care Needs Assessment is agreed, a joint visit will occur within 6 weeks. Action will include team to team discussion and planning for joint assessments. There will be agreed expectations of frequency of visits and work outputs clearly documented, to ensure a shared understanding of the roles of staff involved. The financial aspects of any care of that young person will remain the responsibility of CYPE until they are 18 when they transfer to ASCH.
* Should a referral to transition panel be required, this can be made via a form on Liberi. See **Transition Panel Terms of Reference** for further information.

## Children in Care (CIC) Team

For further information see [Ceasing to Look After a Child](https://kentchildcare.proceduresonline.com/p_cease_to_la_ch.html#3.-care-leaver-status)

**Transfers to 18+ Team:**

* Children who have “eligible” status (in care for at least 13 weeks prior to their 18th birthday) will transfer to the 18+ Team when they are 18 (except children in the Strengthening Independence Service who may remain in the service up to age 25 if required or transfer to a community adult team – see below). However, the 18+ Team should already be involved and have allocated and introduced a Personal advisor at 17 ½ years.
* Children over 16 or 17 who left care but have “Relevant Status” should be transferred to the 18+ Team when 18.

**Transfers to CSWT or Early Help:**

* If a child leaves care to live with parents or other family and there is no order in place, views will be sought on whether the family agree to support via Child in Need or Early Help, if threshold is met. Transfer to the District should be at the CIN Review (usually 4 – 6 weeks) or if transferring to Early Help within 4 - 6 weeks at the handover visit.
* If a Supervision Order is granted during proceedings, then transfer to CSWT should occur at the first CIN review (usually 4 – 6 weeks).
* Where a child over 16 years chooses to leave care prior to their 18th birthday, the child will remain allocated in the Child in Care Team. However, if they return to live with someone with Parental Responsibility and this is successful for six months, then the child should be considered for either closure or transfer for ongoing support. Transfer for an ongoing Child in Need Plan should be at the CIN Review (usually 4 – 6 weeks) or to Early Help within 4 - 6 weeks and at the joint introduction visit.

**Transfers to Adult Social Care and Health (ASCH):**

* If a child in Care has ongoing care and support needs, a decision is needed on whether they may be eligible for adult services. Therefore, they must be presented to a Transition Panel at age 17 to enable, if required, a smooth transition.
* Following the Transition Panel decision, if a Care Needs Assessment is agreed, a joint visit will occur within 6 weeks. Action will include team to team discussion and planning for joint assessments. There will be agreed expectations of frequency of visits and work outputs clearly documented, to ensure a shared understanding of the roles of staff involved. The financial aspects of any care of that young person will remain the responsibility of CYPE until they are 18 when they transfer to ASCH.
* Transition Panels are held monthly and a referral to panel is made via a form on Liberi. See **Transition Panel Terms of Reference** for further information

## Adolescent Support Teams (AST)

**Transfers to CIC Team:**

* If a child becomes looked after and at 12 weeks AST have been unable to support them to return home transfer should occur at the first Child in Care Review
* If there is no plan for the child to return home transfer should occur at the initial Child in Care Review.

**Transfers to 18+ Team:**

* If the child is 17 ½ at the time of involvement by AST and plans to return home within 6 to 12 weeks is not looking successful, a discussion should occur with the AST Service Manager. This is to agree they remain with AST until transfer to the 18+Team rather than transfer to CIC Team. This is to avoid a third change of worker within 6 months.

**Transfers to CSWT or Adolescent Early Help:**

* If during AST involvement an Initial Conference is held, CSWT will be invited to the Child Protection Conference. If the child becomes subject to a Child Protection Plan due to contextual reasons, they will remain with AST. If the reasons are predominately parenting related, then the child will transfer to the CSWT at the Initial Conference. Any concerns or questions about this must be discussed prior to the conference to ensure the Lead Professional is agreed at the conference.
* Where the criteria for AST is no longer met, but a Child in Need Plan is agreed as required, this shouldtransfer to the CSWT at the next CIN Review which may need to be brought forward if more than 4 – 6 weeks away.
* Where the threshold for AST is no longer met but ongoing support is required a discussion will occur with the Adolescent Early Help Unit Lead. Transfer should occur within 10 days of the joint introduction visit, following a Child in Need meeting agreeing the plan.See[**Section 7**](#_7._Transfers_between)below and **Adolescent Service Criteria Feb 2022.**

**Transfers to Adult Social Care and Health (ASCH):**

* If a child has ongoing care and support needs, a decision is required on whether they may be eligible for adult services. They must be presented to a Transition Panel by 17 ½ to enable, a smooth transition into adult services if appropriate.
* Following the Transition Panel decision, if a Care Needs Assessment is agreed, a joint visit will occur within 6 weeks. Action will include team to team discussion and planning for joint assessments. There will be agreed expectations of frequency of visits and work outputs clearly documented, to ensure a shared understanding of the roles of staff involved. The financial aspects of any care of the child will remain the responsibility of CYPE until they are 18 when they transfer to ASCH.
* Transition Panels are held monthly and a referral to panel is made via a form on Liberi. See **Transition Panel Terms of Reference** for further information.

## Strengthening Independence Service (SIS):

Where the Criteria is met for Strengthening Independence Service for Disabled Children and Young People 0-25, the SIS retain responsibility for children and young people whether through Child in Need, Child Protection or Child in Care Planning, until such time as the service is no longer required. Those who reach 18 years of age will continue to receive services as an adult, within the Young People’s team up to age 25, but may transfer to the relevant adult locality team, depending on their ongoing needs.

**Transfer to CSWT:**

* When DCT complete a Child and Family Assessment and find the family do not meet threshold for DCS, but they conclude S17 is met and a Child in Need plan is required, a discussion will take place between the relevant Team Managers within the CSWS and DCS. They will confirm if threshold and eligibility is met and agree transfer (if the family agree). Transfer should occur to the CSWT within 10 working days of completion of the C&F assessment at an initial CIN meeting (and not go back to the Front Door Service).

**Transfers from Strengthening Independence Service Young People’s Team to Adult Services:**

**Transfers to Adult Social Care and Health (ASCH):**

* If a child has ongoing care and support needs, a decision is required on whether they are eligible for adult services, they must be presented to a Transition Panel at age 17 ½ to enable, if required, a smooth transition.
* Following the Transition Panel decision, if a Care Needs Assessment is agreed, a joint visit will occur within 6 weeks. Action will include team to team discussion and planning for joint assessments. There will be agreed expectations of frequency of visits and work outputs clearly documented, to ensure a shared understanding of the roles of staff involved. The financial aspects of any care of the child will remain the responsibility of CYPE until they are 18 when they transfer to ASCH.
* Transition Panels are held monthly and a referral to panel is made via a form on Liberi. See **Transition Panel Terms of Reference** for further information.
* If they have been assessed as eligible for Adult Continuing Health Care Services, the Integrated Care Board will take over responsibility for meeting Social Care and Health Needs. Transfer occurs at age 18.
* Transfers from the Young People’s teams in the Strengthening Independence Service to the Adult Locality team follows a planned transfer between teams on the 26th birthday

**Transfers to Adoption Team: Family Finding Team**

If DCS are involved with a child or young person where there are plans to relinquish a baby, the team should contact the Family Finding Team to arrange a joint visit and complete a Child and Family Assessment. If the assessment concludes, with parental consent, that the plan is for the baby to be relinquished, transfer should occur at the first Child in Care Review. See [Relinquished Babies and Children (proceduresonline.com)](https://kentchildcare.proceduresonline.com/p_relinquished_children.html?zoom_highlight=relinquished+babies)

# 7. Transfers between Statutory Children's Social Work Service to Early Help

If good progress has been made on the child’s plan consideration must be given to whether the child and family requires further support and if this is not the case, involvement should end. However, if it is identified that ongoing support may be required, then consideration should be given to stepping down to Early Help/ Adolescent Early Help. The family’s consent is required for Early Help services and the views of other professionals involved sought, to inform the decision and plan.

The Early Help (EH) Unit Lead and CSWS Team Manager should systematically plan and discuss all step downs on a weekly basis. There should also be the opportunity to review and update previous step-down children and to make decisions if any child needs to be stepped up to CSWS or there are worries around disengagement or drift. All discussions should be recorded as a case note on both EHM and Liberi. The recording format should be:

* Decision
* Rational
* Next Steps

The Social Worker should arrange a pre-planning discussion with the intended Early Help Worker and organise the joint step-down visit with the family. The stepdown process should be completed no longer than 10 days after the joint visit**.**

The Social Worker will ensure the transfer process and standards are followed, as outlined in [**Section 2.**](#_2._The_Transfer)The allocated Social Worker will also ensure the Step-Down form on Liberi is completed, following the joint introduction visit. This along with the case summary will show:

1. What we are worried about / Needs
2. Agreed planThis should include:
	* + The Role and function of Early Help
		+ The intended outcomes and the key focus
		+ Any engagement strategies
		+ The agreed number of sessions and what they pertain to and the expected length of time that Early Help will be involved
		+ Method of delivery
		+ Role of other agencies and any referrals to other agencies in place
3. Contingency plan – i.e., a specific plan should worries escalate or there is non-engagement and be discussed with the family at the joint visit/conversations.

Further detail on the process and standards expected are contained within the **Practice Guidance Handbook for Early Help.** Additional information about the criteria is in[Kent Support Level Guidance](https://www.kscmp.org.uk/guidance/kent-support-levels-guidance) and **Adolescent Service Criteria.**

Any step up will be discussed between the Early Help Unit Lead, Early Help Worker and duty / linked Team Manager of the relevant district, to agree this. This would then come via the Early Help Module to Front Door unless a Front Door Strategy Discussion is needed (which EH would do through a request for support form via Kelsi). For further detail about the threshold for step up, and the standards and process, see the **Practice Guidance Handbook for Early Help (2023).**

# 8. Transfers between Areas within Kent County Council

If a child subject to a Child in Need Plan in Kent is moving to another area in Kent, the receiving district must be contacted by the Team Manager to discuss a transfer. To do this:

* 10 working days prior to the planned move date, or if an unplanned permanent move as soon as this is known, the allocated Team Manager will provide an overview of their involvement and any concerns held and key dates. They will agree what further work, if any, will be completed before a transfer and agree the allocation date. They will note this on a management case note on Liberi
* The allocated Social Worker will ensure the transfer principles, process and standards are followed, as outlined in [**Section 2**](#_2._The_Transfer) prior to the move or if an unplanned move, within 5 working days.
* The allocated team is responsible for ensuring that any Child and Family Assessments or Section 47 enquiries already commenced must be completed prior to transferunless the receiving Team Manager agrees otherwise.
* Both receiving and outgoing Team Managers will ensure there is management oversight, as outlined in [**Section 3**](#_3._Management_Oversight)**.**

The transfer should occur within 10 working days of a move, via a Child in Need Meeting.

Any dispute about the transfer of a case should be escalated to the relevant Service Manager to resolve. See[**Section 4**.](#_4._Addressing_transfer).

# Transfers in to and out of other Local Authorities, for Child in Need and Child Protection

(For Children in Care see [**Out of Area Placements Procedure**](https://kentchildcare.proceduresonline.com/p_out_area_place.html)).

**Child in Need:**

If a Child in Need moves from one Local Authority (LA) to another, the Children Act 1989 is clear responsibility for safeguarding and promoting the welfare of the child lies with the LA where the child is living. This is regardless of whether the move is temporary. However, there are circumstances where a transfer may not occur, but assistance is requested, such as:

* If the child and their family have been placed in temporary accommodation in another area in Kent, for a specified period of time, which is less than 4 weeks, after which they will be located elsewhere.
* If the child is temporarily living with relatives or friends in the area but will be returning to the care of a parent in the originating area within 4 weeks.

Assistance may include promoting accessing and signposting the family to relevant services to meet the child's needs. For further information see the [**Child in Need Plans and Meeting Policy.**](https://www.proceduresonline.com/trixcms2/media/18273/child-in-need-plans-and-meetings-policy.docx)

In all situations, where a child subject to a Child in Need Plan has moved to a different Local Authority, the allocated Social Worker should notify the Children's Service in that Local Authority - within 1 working day (of the move, or once known if an unplanned move).

A Child in Need meeting should be convened by the receiving District and include the family, relevant local agencies and, where possible, the Social Worker and other specialist staff where the child and family have moved from. During the period prior to the formal transfer of the child, responsibility lies with the originating authority who should continue to monitor the plan. Formal transfer will happen at the Child in Need meeting once relevant information is received and within 20 working days of being notified of the move.

For further information around the Kent transfer process and expectations, see the [**Child in Need Plans and Meeting Policy**](https://www.proceduresonline.com/trixcms2/media/18273/child-in-need-plans-and-meetings-policy.docx)**.** The receiving local authority procedures should also be checked for their timescales and processes. The Service Manager should be notified if there is any delay in the receiving local authority accepting responsibility of the child, or a dispute about Child in Need thresholds.

**Child Protection:**

Where a child on a Child Protection Plan moves from one local authority to another, then the responsibility for the monitoring, supervision and updating of that plan must transfer from the originating authority to the authority they are living in. Prior to the formal transfer of the case (at a conference) the originating authority is responsible for monitoring the Child Protection Plan.

Formal transfer will occur at the Initial Child Protection Conference, which should be within 15 working days of a decision to accept the transfer.

For further information on the transfer process, along with situations where case responsibility may not transfer, see[**Children with Child Protection Plans across Local Authorities transfer in process**](https://www.proceduresonline.com/trixcms2/media/16715/children-with-cp-plans-across-local-authorities-transfer-in-progress-new.docx)**.** For transfers out it is advised to check the relevant Authorities procedures, but the same principles should apply.