

# Family Services

## Document control

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## 1. Introduction and objectives

This procedure sets out the guidelines for transfer of cases across Children's Social Care. The principles underlying all case transfers are:

- **No delay**

Transfer of cases should not cause delay or interruption to social work intervention with families.

- **Flexibility**

Any flexibility exercised between Team Managers within the processes outlined within this protocol must ensure the needs of children and families always take precedence.

- **Minimum change for families**

Families should experience as few transitions between teams as possible. Wherever it is reasonable to do so and does not heighten risk, one team should provide continuity of service for the whole family.

- **Continuity of approach**

The transfer process should cause as little disruption as possible to children and families and they should feel that there is a similar understanding and approach to addressing their needs from the originating and the receiving team.

- **Sensitivity and clear communication with families**

Families should be kept fully informed of plans and arrangements for transfer and should, wherever possible, be personally introduced to a member of the receiving team by a member of the originating team.

## 2. Passing of information about families from one service to another

Information about families is passed from one service to another through various means:

- the case file
- case discussions between staff
- attendance at key meetings e.g. child in need meetings, court hearings, child protection conferences, CIC reviews.

The case file is central in documenting assessments, case analysis and summaries of the family's circumstances, but it can only provide part of the picture. Case discussions, joint visits and attendance at key meetings will provide further insight and understanding.

Expectations about standards of written information in the case file will be agreed between Heads of Services and outlined separately from this document. Whilst case files should be in good order, missing information in case files **must not** cause a delay in transfer.

The Team Manager from the originating team should complete a case file audit prior to the agreed date for the transfer to ensure the LCS file is ready for transfer. Any outstanding recordings must be completed prior to the transfer date.

A case transfer summary must be completed at the point of notification of the request for transfer. The purpose of the summary is to enable the receiving service to make appropriate decisions about allocations within their part of the service. In some cases the information available at this point will be very limited (e.g. because a s47 investigation is underway which is progressing to ICPC, but little has been known about the family previously) but it is expected that further relevant information will be shared during the transfer process/period. In cases where substantial information is available the case transfer summary should provide a succinct account of the main issues in the case, the progress of interventions to date and an outline plan for further work. Details of any on-going financial commitments should also be recorded.

### 3. Procedure and responsibilities

Outlined below is the guidance for points of transfer which most cases will follow. There is likely to be occasions when cases will be transferred outside these points but the principle of **no delay** and **child focus** should always underlie such diversions. Transfers should be seen as a process rather than a single event and it is expected that there will be flexibility in arrangements to meet the needs of the individual family.

The expectation is that cases will be transferred within a short a timeframe as possible following the request to transfer. Service areas may choose to arrange regular transfer meetings to ensure that processes are effectively managed and facilitated. Such meetings should not be used for gate keeping purposes or cause delay. Once a receiving team has been identified the Team Manager in the originating service and the Team Manager in the receiving service should agree the exact point at which the case responsibility will move from one team to the other and the process that will be followed. The originating team remains responsible for the case, interventions and support until the transfer has occurred.

A joint visit to the family should be undertaken by a member of the originating team and the receiving team so that the family receive a personal introduction to at least one member of the team that will be supporting them in the future.

Professionals in other agencies who are involved with the child and their family must be informed of transfers of case responsibility without delay. In many cases the point of transfer will be at or following a multi-agency meeting (CP Conference, CIN meeting, LAC review) which members of both the originating and receiving team will attend. This will provide an opportunity for other members of the multi-agency support network for the family to meet at least one member of the receiving team. Such meetings should also provide reassurance to both family members and other professionals of the continuity of approach and understanding between the originating and receiving team. For Child in Need cases, where it is agreed that case responsibility will transfer prior to a multi-agency meeting taking place, a member of the originating team will be expected to attend the next such meeting to

ensure that they are able to contribute their knowledge and understanding of the family to inform future planning processes.

## **4. Managed transfers of cases between service areas**

### **4.1. Child Protection cases**

Cases will transfer from Duty and Assessment Team (DAT) to Intervention and Planning (I&P) service at the Initial Child Protection Conference (ICPC).

DAT will notify the I&P service as soon as a decision has been made to convene an Initial Child Protection Conference, by adding case details to the weekly transfer spreadsheet, updated every Monday before 12pm. An allocation meeting will be held 2 days later (every Wednesday) where the I&P service will identify which social work team will receive the case. A representative from both social work teams must attend the ICPC and the case will become the responsibility of the receiving social work team immediately following the conference, regardless of the outcome of the conference.

Receiving managers and practitioners will have due regard to decisions made at Assessment & Change Forum and Permanency Planning meetings and the actions arising from these as part of the transfer.

### **4.2. Child in Need cases**

If a completed assessment recommends that further long-term work with the family is required, the case will transfer to I&P at, or in some cases before, a Child in Need meeting. DAT's will notify the I&P service as soon as a decision has been made that an on-going long-term service is required, by adding case details to the weekly transfer spreadsheet, updated every Monday before 12pm. The I&P service will identify which social work team will receive the case 2 days later at the weekly allocation meeting held every Wednesday. The DAT team will arrange a date for a Child in Need (CIN) meeting and notify the I&P service of this date (generally within 10 days of a transfer notification). Representatives from both the originating and the receiving team must attend the CIN meeting to agree the CIN Plan.

In some instances, the case will become the responsibility of the receiving social work team immediately following the CIN meeting. In other cases, it may be agreed between SWs that the case will transfer prior to the meeting. Whatever the point of transfer, it will generally be expected that the DAT is responsible for arranging the meeting, unless agreed otherwise between Team managers. The I&P team is responsible for recording the meeting.

### 4.3. Cases where Court Proceedings are being pursued

Where Care Proceedings have been initiated by the DAT, cases will transfer to the I&P team at the point that an Interim Order is made or the conclusion of a contested first hearing. The initial hearing/s must be attended by staff from both teams. A representative from the I&P team should be invited to attend legal planning meetings wherever this is practicable. The Court paperwork will be completed by the DAT. Whilst timescales for transfer may be shorter in these circumstances the principles of meetings being held between the originating team and the receiving team and joint visits to the child and family should be adhered to wherever possible, even if these may need to take place following the transfer of case responsibility.

Pre-birth child protection cases with a plan for court proceedings should be transferred as soon as possible to the I&P team. Where the transfer is achieved over 4 weeks before the expected delivery date the receiving service will take responsibility for initiating proceedings.

For pre-birth child protection cases where the Initial CP conference takes place within 4 weeks of the expected delivery date, the DAT will retain case responsibility and transfer will take place following the initial hearing. I&P should still be notified as soon as possible of the imminent transfer and a worker will be identified in I&P, who will attend the initial Court hearings and pick the case up following transfer.

Where requests for s7 or s37 reports are received on cases that are open within DAT these will be completed within DAT before a case can be considered for transfer.

### 4.4. Privately Fostered Children

Where a referral is received about a child that may be considered to be Privately Fostered, the MASH Manager will notify the Carer Assessment Team Manager of the notification. The referral will be screened by the Carer Assessment Team Manager and if an assessment is required the child will be allocated to the Private Fostering Lead - Advanced Practitioner in the Carer Support Team who will assess and support the care arrangement for the child.

If the assessment or the ongoing support to the family highlights a child protection concern, the Private Fostering Lead will instigate a child protection investigation by referring the child back to MASH to be allocated to DAT or I&P for the child protection intervention. The Private Fostering Lead will remain involved and will continue to support the child and the carers within the capacity of private fostering, and where appropriate will work alongside the DAT or I&P social worker.

## 4.5. Looked After Children

Where children become Looked After whilst held within DAT, they will normally transfer to the I&P service, unless it is agreed that the child's plan will be for permanency outside of the family home (e.g. adolescents where it is clear that they will remain in LAC until they are 18, or where permanency has been agreed outside of the child's family for younger children) these children will transfer directly to the Child in Care Service.

The point of transfer will be agreed between team managers, which is generally at the first review if an assessment has been completed by the time that this is held or after the completion of an assessment if this has not been completed by the time of the first review. As with other transfers there should be as little delay as possible in completing the transfer. If the transfer is not to take place at a CIC review meeting, then a date for transfer should be agreed between the DAT and the receiving team. The receiving team must send a representative to the CIC Review if they have been notified of the intention to transfer.

Cases will transfer from DAT's to CIC when there is an approved plan that requires stability outside of the family environment. Children will transfer from DATS to CIC where there is no immediate or medium-term plan for reunification within the family network. UASC children under the age of 16 will transfer to CIC from DATS following the completion of the C&F assessment. The point of transfer will be agreed between team managers as noted in the above.

For children going through the court process (where adoption or long-term fostering are the recommendations of the Care Plan) the transfer will be at or just after the final hearing. I&P completes the Transfer Summary advising the final hearing date and notify the CIC Team Manager with as much notice as possible of the final hearing date. The CIC Team Manager identifies a CIC team to attend the final hearing.

For those not in court proceedings, the transfer will generally take place following the ratification of the Care Plan at the second LAC Review. The CIC Team Manager should be notified of the impending transfer. The I&P team and CIC team will jointly establish which forum is the best point of transfer. This could include a CIC Review, a LAC visit, a professional's meeting or a team meeting in combination with a joint visit to the looked after child. The child will formally transfer within 7 days of the agreed transfer forum.

**Before a case is transferred, the file must be prepared with key documents including a chronology, life story work, all court evidence, a later life letter by the I&P team. The Child Permanency Report will be agreed on a case by case basis.**

## 4.6. Onwards and Upwards - Leaving Care

For young people who are assessed as eligible for Leaving Care services, cases will normally transfer to the Onwards and Upwards team (O&U) at an appropriate point following the young person's 17<sup>th</sup> birthday. Care will be taken to transfer cases at a time which does not interfere with exams or other critical events in the young person's life (NB. No transfers to take place near to GCSEs).

Unaccompanied asylum seekers presenting as 16 years or older, to the Local Authority either directly or via the Home Office rota, will be allocated to O&U directly from MASH.

Young people allocated in the Children in Care teams will be allocated a Personal Advisor sometime after their 17<sup>th</sup> birthday, but no later than 17 years and 3 months. The Personal Advisor will work alongside the young person and the social worker to support the Pathway Planning and preparation for independence. The timing of transfer to O&U will be agreed at the young person's final CLA review. Transfer to O&U will be completed around their 18<sup>th</sup> birthday and in line with the young person's current situation, which may be shortly before or after their 18<sup>th</sup> birthday.

When a young person is allocated in DAT and the young person enters care aged 16/17 years, the case will transfer directly to the O&U team at an agreed point if the care plan is for the young person to remain in care. If at the end of the C&F assessment and initial intervention the child remains in care and the care plan remains that of reunification then the young person will transfer to a Children in Care team or REACH to deliver the intervention on the reunification plan.

For young people allocated within I&P who have not transferred to a Children in Care team prior to their last CLA review, they should be allocated a Personal Advisor not later than 17 and 3 months and to transfer on or within 3 weeks of their 18<sup>th</sup> birthday.

There should be a period of no more than 15 days between the notification of transfer and the transfer being completed; O&U is notified and identifies an O&U social worker or personal advisor. The transfer process includes a file review by the receiving team manager, an agreed transfer date and a joint handover visit. All young people transferring into O&U should have a Pathway Plan in place, unless they have been in care for less than 90 days. If this is the case the pathway plan will be completed by the receiving O&U team.

## **4.7. Early Help – Step Up/Down**

### **MASH to CAF**

- Step-ups from Early Help to Social Care; Whilst it is preferable that the EH Lead Professional escalates safeguarding concerns in a planned way, there will be occasions where incidents escalate quickly or there are immediate safeguarding concerns and need a fast response. In this instance, the Lead Professional (LP) needs to first discuss the concerns with their line manager, who will discuss with the



DATs Team on duty. If the threshold is agreed with the DATs manager, then the LP will provide the information to the MASH who will progress to DATs. If there are immediate safeguarding concerns in relation to an open Early Help episode led by a 'community-based' Lead Professional. The Lead Professional will follow their agency's safeguarding procedures and continue to refer these directly to the MASH, who will assess the new concerns and make a decision regarding whether or not the case needs to escalate to DATs or remain in Early Help.

- The MASH also may receive new contacts on EHAs, from agencies who are not part of the 0-19 Service Early Help/TAC (e.g. from A&E, GP or the police). The Lead professional and 0-19 Early Help Hub team may not have any knowledge of these new concerns. These should be risk assessed by the MASH. If the MASH decide that the threshold is now too high to remain at EHA level, then the MASH will inform the Early Help Hub team and ask them to close the EHA on EHM, and the MASH will pass the referral to DATs.
- The MASH managers will assign back to the last involved DATs Team if the case has been closed within the last 6 weeks in the event that the decision of a MASH Team Manager is for progression to statutory intervention. Or re-assign back to the last I&P Team involved, if closed within the last 3 months on the same basis.
- Planned Step-ups should be brought to the weekly Allocations/Transfer Meeting, by the Early Help Team Manager or the Advanced Practitioner, Early Help Social Worker or 0-19 practitioner. The Early Help practitioner and the Manager/Early Help Social Worker should ensure that the case has been mapped in advance and the case is ready for transfer. It is good practice after the decision has been confirmed at the Transfer Allocations Meeting for a joint visit to be agreed with the DATs Social Worker and EH Lead to ensure a smooth handover.

#### **4.7.1 Step down from Social Care to Early Help Assessment (Multi-agency plan, Team around the family and Lead Professional)**

- Prior to the case transferring to Early Help (EH), an initial consultation needs to take place between the allocated Social Worker and EH Social Worker to ensure an Early Help Assessment is appropriate, that the family are in agreement and to agree the outstanding interventions to be included in the EH Plan and referrals to support services needed for the family prior to the meeting. Both will also agree a date for step-down meeting/Final CIN Review meeting. This is generally arranged within 10 days of consultation.
- Where the DATs are stepping down a case where a Child and Family assessment has not been completed, the case should be discussed with an Early Help Social Worker or Manager before being presented at the next available Early Help Hub

Panel by the stepping down Social Worker. The new LP and TAC will then be agreed at the Panel.

- Cases may also step-down directly from the Transfer/Allocations Panel, where it is decided at Panel, that the case may more appropriately sit with Early Help, rather than going to I&P. Following these decisions, it is best practice for the EH Social Worker to be invited to the Step-Down meeting/final CIN Meeting, or at least for there to be a joint visit, to ensure a smooth transfer.

#### **4.7.2 Step down from Social Care to Early Help for a Universal Plus Intervention (up to 6 weeks, low level intervention without a lead professional or Team around the family)**

- The Social Worker from DATs or I&P need to select 'Step-down to Early Help-Universal Plus' when closing their assessment. This should only be for cases requiring a focused, low-level period of intervention for up to 6 sessions (such as for brief parenting or youth interventions). Choosing this outcome when closing the assessment, will trigger a transfer form from LCS to EHM to be sent to the relevant Early Help Requests Worktray. It is vital that the parent/young person is aware and is consenting to the step down and receiving this intervention.
- Our Universal Plus interventions (both parenting and youth) will generally be offered in the first instance via group-work intervention (unless there are clear reasons why this may not be appropriate).
- It is considered good practice to accompany the family to the initial meeting with universal services, in order to promote engagement and provide any information that would support a successful transition into the new service.

#### **4.7.3 Commissioned Interventions from Early Help on open Social Care cases**

- These are different to step-down Universal Plus request, as the case holder remains the allocated Social Worker in DATs, I&P, or REACH, and the 0-19 Practitioners contribution will form part of the CIN/CP Plan. The case recording from the contributing 0-19 practitioner will also be added to LCS, rather than EHM.

It is vital that the allocated social worker works in partnership with the 0-19 Practitioner, and involves them in Core Group Meetings, CIN reviews etc.

- Commissioned interventions from the Early Help Service include a range of interventions, such as AVA Domestic Abuse group and 1-1 work, Parenting, Youth interventions, Family Mediation, child-parent mediation, work around neglect). Early Help offer a range of evidence-based generic parenting programmes, however do not offer specialist parenting work in cases to assess parenting viability for court or specialist home-based parenting interventions for children with complex special needs. Generally, in the first instance parenting work can be met via a Group

Programme, however 1-1 parenting support can be offered if it is felt that it best meets the family's needs and is part of direct work/home visiting.

- If the DATs or I&P social worker is about to close their involvement on a case receiving commissioned Early Help interventions, then it is vital that the relevant Early Help Manager is informed, so that the 0-19 practitioner intervention on LCS can be closed down, which will enable the social worker to be able to close their case. The Social worker, will then need to complete a 'step-down to Universal Plus' transfer form, as part of their closure, which will transfer a request from LCS to EHM. They need to select the relevant Hub 0-19 Universal Plus work tray.
- The same 0-19 practitioner ideally will remain involved to ensure good continuity for the family, but their recording will need to be added to EHM rather than LCS from this point. They will also complete a Universal Plus Plan within EHM, so there is clarity about the work to be continued.

#### 4.8. Adoption

If a parent wishes to relinquish a child for adoption following birth, the initial assessment will be undertaken by DAT. The CIC duty social worker will accompany the DAT social worker on the initial visit to provide advice and support to the parent/s on the relinquishing processes. The CIC and Barnet's link Manager to Adopt London North, the Regional Adoption Agency and CAFCASS will be notified.

The point of transfer to a CIC team will be negotiated between DAT and the CIC teams on a case by case basis with an expectation that the case will transfer as soon as it is established that there is a high likelihood of adoption being the agreed plan. The normal process for case transfers from DAT to CIC is followed.

The link Manager for Adoption will ensure that permanency planning meetings are held regularly with the allocated social worker and team manager and that a referral is made to Adopt London North within 5 working days of adoption being confirmed as a parallel plan. The link Manager for Adoption will ensure all relevant documentation and information is shared with the allocated Family Finder, including any family finding statements that are directed by the Courts.

#### 4.9. Post-Permanency Support

Children are transferred to the Carer Support Team following the granting of a Special Guardianship Order. Post-permanency support for a child where an Adoption Order has been granted will transfer to Adopt London North.

The case holding social worker or team manager are responsible for completing the alert form to be sent to the team manager of the Carer Support Team. This is to be sent along with the SGO support plan and final version of the SGO assessment. Alert forms should be

sent for every granted Special Guardianship Order, regardless of whether there is any need for on-going Carer Support Team intervention.

The transferring team manager is responsible for ensuring the following are on the case file:

- The court-stamped Special Guardianship Order
- A final, signed copy of the SGO report
- A final, signed copy of the SGO support plan
- Finance payments set up (the commitment form must be signed off with an end date of the day before the child's 18<sup>th</sup> birthday)
- Transfer synopsis
- Later Life Letter
- Date when SGO was granted on LCS
- Completed DBS checks
- Clear details of contact arrangements

If there are on-going support needs that require intervention from the Carer Support Team, the sending social workers and/or team managers will be invited to attend a transfer meeting/ discussion chaired by the Team Manager of the Carer Support Team.

#### **4.10. 0-25 Disability Service**

The 0-25 Disability Team provide specialist services to a defined group of children and adults under the age of 25. The child or young person accessing the service needs to have a formal diagnosis of a substantial and permanent disability.

The definitions of substantial and permanent disability are defined as;

- Substantial disability means a severe or profound disability by which the child or young adult has a significant impairment or loss of function affecting their ability to carry out essential daily living activities. The child or young adult will require significant support from another person or be reliant on equipment to carry out basic day-to-day functions.
- Permanent means the impairment is deemed to be life long and there may be further deterioration, or the condition is terminal. However, the team does not accept referrals for those children with health conditions which are not linked to a pre-existing disability.

The child will have an Education, Health and Care Plan (EHCP) and will be eligible for a Specialist Educational Provision.

It is accepted that it can be difficult to determine if a child or young adult meets the eligibility criteria and social workers and Team Managers are advised to seek guidance from the 0-25 Assistant Heads of Service.

Referrals to the 0-25 Disability Service are either safeguarding concerns OR requests for care and support packages OR OT referrals. (Referral pathways for OT referrals into the system are set out in the 0-25 Criteria document).

The transfers of referrals from MASH to the 0-25 Disability Service for either safeguarding OR care and support referrals will take place once a 0-25 Assistant Head of Service has confirmed the child meets the eligibility criteria.

For a child where their case sits in DATS or I&P the transfer process is initiated by the transferring Assistant Head of Service having a discussion with the receiving Assistant Head of Service. The transferring Team Manager will conduct a file audit and this will be verified by the 0-25 Team Manager and a date for transfer will be agreed in line with the points of transfer in line with status of the case ie CIN, CP, CLA. The 0-25 Team Manager will allocate a social worker to the family and it will be expected that there will be a joint visit with the transferring team social worker prior to the transfer points above. If a child with a disability is subject to a CIN or CP plan, their siblings will also transfer to the 0-25 Disability Service.

Where a sibling without a disability is held within the 0-25 Disability Service by virtue of being subject to a CIN or CP plan and the child with the disability no longer receives a service or has reached 18, the non-disabled child will be transferred to the Intervention and Planning Team if the sibling is to be subject to ongoing CIN or CP plans. These children should be brought to the weekly I&P allocation meeting; transfer points will be at CIN review meetings, Core Group or Child Protection Conference where a handover will take place.

When a young person with a learning disability is allocated within Intervention & Planning or any other team and is 16 or 17 years old, the Team Manager will need to consider if the young person will need to transfer to an Adult Team (physical disability and moderate Autism) or the 0-25 Disability Service (learning disability) for a Care Act Assessment. The Team Manager should notify the respective team by the young person's 17<sup>th</sup> birthday so that planning for the transition can commence. By 17½ the team receiving the young person should have identified the prospective allocated worker and they should be working alongside the allocated social worker. A Care Act Assessment should be completed before the young person reaches 18. Transfer will take place on their 18<sup>th</sup> birthday.

### **The 0-25 Specialist Autism Service**

This service sits within the 0-25 Disability Service and provides a specialist approach for children and young people with a diagnosis of Autism and severe behaviour that requires a multi-disciplinary response i.e. SEND, social care, health and/or CAMHS. The child will have

an Education and Health Care Plan but may be attending mainstream school. Families will transfer from the pilot ASC project within the Early Help Hubs or one of the other social work teams. Transfer requests will be made to the 0-25 Disability Assistant Head of Service leading on the ASC service.

The transfer process is initiated with a multi-disciplinary meeting chaired by the Assistant Head of Service of 0-25 Disability Service and will include all practitioners currently involved with the family and the specialist 0-25 ASC practitioner. The process of transfer, timing and intervention plan will be agreed at this meeting. The transferring Team Manager will conduct a file audit and this will be verified by the 0-25 Disability Service Team Manager. The 0-25 Team Manager will identify the new allocated worker and it will be expected that they will conduct a joint visit with the transferring team social worker prior to the transfer.

In line with the Family Service principles of a whole family approach, the siblings will transfer to the specialist team as well. The intervention will focus on the child with autism and parenting but wherever necessary the siblings will be supported by the family support worker in the team.

The family will remain allocated to the 0-25 Disability Service until there is an agreed sustained level of improvement that will enable the family to be stepped down to Early Help or to be supported by Universal/Universal Plus services.

## **5. Cases transferring in from another Local Authority**

### **5.1. Children subject to a Child Protection Plan**

Requests from other Local Authorities to transfer children subject to Child Protection Plans will be screened initially by the Multi Agency Safeguarding Hub, (MASH) who will collate all relevant documentation and establish whether or not the child/children have permanently moved to Barnet (as opposed to a transitional housing situation). The MASH will notify the Safeguarding Team and I&P of the request for transfer. The I&P team will allocate the case to an I&P team prior to the Transfer-in Conference. MASH will transfer the case at this point to I&P. The Safeguarding Team, in liaison with the I&P team will arrange a date for a transfer-in Conference, to take place within 15 days of the request, in line with the London Safeguarding Board procedures. The I&P team will ensure that a member of the team attends the transfer-in Conference. Case responsibility will transfer to Barnet at the Transfer-in conference.

For further details, please see Appendix 1 and 'Children and Families moving across Local Authority boundaries', London Child Protection Procedures, 5<sup>th</sup> Edition, (2016) at:

[http://www.londoncp.co.uk/chapters/chi\\_fam\\_bound.html#ch\\_subject](http://www.londoncp.co.uk/chapters/chi_fam_bound.html#ch_subject)

## 5.2. Children subject to a Child in Need Plan

All requests from other Local Authorities for transfers of children subject to Child in Need plans are screened by the MASH to ascertain whether they should be passed straight to the I&P team or need to undergo further assessment within DAT to determine whether on-going services are required. Where, appropriate, a transfer-in I&P meeting will be convened which will include the originating authority and case responsibility will transfer following this meeting.

For further details, please see 'Children and Families moving across Local Authority boundaries', London Child Protection Procedures, 5<sup>th</sup> Edition, (2016) at:

[http://www.londoncp.co.uk/chapters/chi\\_fam\\_bound.html#cin](http://www.londoncp.co.uk/chapters/chi_fam_bound.html#cin)

## 6. Mechanisms to resolve disputes

Difficulties or disagreements should be resolved in the first instance between the Team Managers involved in the transfer. If there is no resolution then the Assistant Head of Services should discuss and seek to agree a way forward as soon as possible.

## Appendix 1

### Children and Families moving across Local Authority boundaries

- Excerpt from the London Child Protection Procedures, 5<sup>th</sup> Edition, (2016)

When a family with children subject to a child protection plan moves to another local authority area, the originating authority should notify the receiving authority at the earliest opportunity. The originating authority should provide the receiving authority with the following documentation:

- Copies of an up to date assessment of each of the children in the family which clearly identified the risk(s) to each child;
- Copies of the minutes of all child protection conferences and child protection plans relating to the current period for which the children have been subject to a child protection plan;
- A copy of the current child protection plan;
- An up to date case summary setting out both the current situation and all relevant background information about the children.

Within 15 days of receipt of the documentation referred to above, the receiving authority should arrange a transfer child protection conference. The receiving authority will be

responsible for undertaking checks on any other residents of the new address as appropriate. At that case conference, the receiving authority will formally accept case responsibility. The conference should determine whether or not the children will remain subject to a child protection plan and the contents of that plan.

It is the responsibility of the originating authority to ensure that all other agencies working with a child subject to a child protection plan are notified that the child has moved to another area. It is the responsibility of each agency in the originating authority to notify their counterparts in the receiving area that the child has moved to their area and to transfer relevant documentation as soon as possible. Where a child of school age has moved to another area and not registered for a school place, then it will be the responsibility of the receiving authority to treat that child as if they are missing from education and to seek to ensure that their parents or carers register that child for a school place as soon as possible.

Full procedure available at:

[http://www.londoncp.co.uk/chapters/chi\\_fam\\_bound.html#ch\\_subject](http://www.londoncp.co.uk/chapters/chi_fam_bound.html#ch_subject)