

BROMLEY CHILDREN EDUCATION AND FAMILIES

CASE TRANSFER PROTOCOL

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1. Purpose and Aim

The purpose of this Protocol is to ensure the effective and efficient transfer of cases between Bromley Children Social Care Teams which includes Early Intervention and Family Support (EIFS) services. Transfers should be timely; ensuring that children, young people and their families receive a seamless service that is in line with our values, particularly focused on keeping children and young people at the heart of all our work. The best interests of children and young people must be our paramount consideration and our services should be inclusive, joined up and welcoming. Where possible children and families should experience the least number of changes in social worker and should not need to repeat their story.

The aim of this protocol is to ensure that children and families are on the right plan and transferred to the right service to progress their plans in line with the Bromley Thresholds of Need, the London Child Protection Procedures and remit and support available from the relevant service areas within Children's Social Care.

This transfer protocol applies to all Children's Social Care case holding teams.

Principles:

- ✓ **No delay:** Transfers of cases between teams should not cause delay to social work interventions for children, families, and carers.
- ✓ **Named worker:** Children and families should always have a named worker who is responsible for the delivering the support and intervention. There should be no unallocated cases across the services at any time and children and families should always know who to contact for support. Where cases are stepped down to EIFS, parents will be provided with the contact number for the Parenting Hotline.
- ✓ **Flexibility:** This protocol provides guidance – not rigid rules. It is expected that a professional and pragmatic approach will be taken by respective teams to ensure that children receive the services that are in their best interests.
- ✓ **Open and honest communication:** Communication is a key component to effective working together in line with the Bromley Relationship Model. We are a learning organisation and professional challenge / debate is encouraged and should support a culture of learning and feedback. These discussions should however not delay service delivery for children.
- ✓ Case records form an important part of **the child and family's story**. All casework must transfer in an acceptable standard. Case records should reflect the journey of the child and family and should be clear about the plans for help and support. Families should not need to re-tell their story when social workers change. For the receiving teams to continue working with families seamlessly, it is important that case records are accurate and up to date. All case records must transfer with an up to date assessment, case notes, visits, a chronology, a clear plan and a transfer summary ensuring that all ongoing work and key dates are outlined. Administrative tasks should not delay transfers but should be resolved in a timely manner.
- ✓ **Appropriate decision-making and plans** should be in place to support the transfer of cases to ensure children and families receive the appropriate level of service delivery, based on threshold and the level of identified need
- ✓ Children / Young People, their families / carers and the professional network must be informed of impending transfers and should have a named worker to contact. They should be clear about where and when cases will be transferred in accordance with

their plans for support and intervention. Ideally, families should not be transferred between services on a Friday unless this is agreed between team managers.

- ✓ Case transfers, communication between teams and work with families should reflect the principles and spirit of the **Bromley Relationship Model**.

2. Transfer Process.

All transfers between Children's Social Care teams will be considered on a weekly basis. Cases will be placed on the transfer list and discussed by receiving teams with a view to workers being identified ahead of key meetings to ensure a smooth transfer of support for the child/ young person and/or their family.

➤ Transfer List:

A Transfer list identifying all cases for transfer to various teams / service areas will be collated each week and circulated to all managers and Heads of Service. The transfer list is managed and updated by the RAS Business Support Team. The transfer list will include cases which have been identified for a step-down to Early Intervention and Family Support Services.

Team Managers will identify cases for transfer each week. Once the manager agrees that a case should be placed on the transfer list the allocated social worker or team manager will send a notification and **case synopsis / transfer summary** to the RAS Business Support inbox requesting that a case is placed on the transfer list. The notification must include a date for the proposed transfer in line with the transfer points noted in section 3.

The cut off time for all new notifications to be sent to the RAS Business Support inbox is 1pm on a Thursday. The RAS BSOs will collate the transfer spreadsheet and **circulate the updated transfer list to all team managers and Heads of Service by 5pm every Thursday**.

If the 1pm deadline is missed the case will need to be placed on the transfer list for the next week. Ideally cases will be placed on the transfer list as soon as possible to allow receiving managers to plan for the receipt of these cases. This will also allow for the new social worker to make themselves available for any key meetings or joint visit to a family.

The RAS BSOs will collate the transfer spreadsheet for all step-downs (both CAF and or Family Support and Parenting Practitioner) and circulate the updated transfer list to all team managers, the CAF Manager and the EIFS IOT Coordinator **by 5pm every Thursday; all required and authorised paperwork supporting the step-down has to have been provided by 12 noon the following Monday**.

Following the circulation of the transfer list on Thursdays, receiving teams will have an opportunity to review the transfer list, consider allocations and clarify any issues with team managers. Receiving teams will identify a social worker for all cases on the transfer list and will send the relevant details to the RAS Business Support inbox by 2pm the following Tuesday. The **transfer list will be updated to reflect the details of the receiving worker and team and circulated to managers and Heads of Service, by 5pm on Tuesday**. Social workers and team managers will then be able to initiate case discussions and progress the transfers between teams.

Step-downs to Family Support and Parenting Practitioner Team (Bromley Children Project) are considered in the EIFS Allocation Panel on a Wednesday. Decisions from that panel are circulated to the RAS BSO who then shares with all social workers on the following day. CAF step-downs do not need to go to the Allocation Panel.

Cases will remain on the transfer list until the transfer has been completed. Once the transfer has been completed, the transfer list will be updated to reflect this. This will allow for managers to be mindful of delays, pending cases or new developments. Any family on the transfer list for more than 1 week after the proposed transfer date should be escalated to a Head of Service for a review and resolution.

The point of transfer is a critical moment in a child's journey, and it is important that the child, family and professional network are clear about who will be offering ongoing support. Cases should be 'transfer ready' at the relevant transfer dates and should transfer with no delay for families. Team managers should update receiving teams of any change in circumstances so that receiving managers are able to consider the impact on their teams / workers.

Administrative processes and auditing of case records should take place alongside the process above and should not delay transfers. Business Support officers and Team Managers will make use of the relevant transfer checklists to ensure that cases are 'Transfer ready' on the day of the relevant transfer point.

3. Transfer Points.

Points of transfer for all children and young people will be decided by the type of case, the plan of the child/ young person and the assessment of their needs in accordance with the Bromley Thresholds of Need.

The following points of transfer apply to all teams where these types of cases are held. Points of transfer will not be team specific and all cases should be transferred in accordance with the guidance set out below. At times, there will be a need for some flexibility and managers will need to work together to ensure that the best interests of children and their family remains the primary focus.

It is the responsibility of the originating social worker to ensure that children and their families and the professional network are made aware of the proposed transfer date and given the details of the new social worker and team ahead of the transfer point.

➤ **Cases Stepping up or down between EIFS and the social work teams:**

The relevant Social Work teams will follow the Early Intervention and Family Support Transfer Process for both CAF and for Bromley Children Project Family Support and Parenting Practitioner team (Appendix 2) When cases are stepped down to EIFS the Step-Down checklists (for CAF and/or Family Support and Parenting Practitioner) will apply. Any cases stepping up from EIFS will be referred to MASH.

➤ **Child Protection Cases:**

Case holding teams for children on CP plans: Safeguarding & Care Planning (East / West) , Children With Disabilities

The transfer point for all CP cases will be the ICPC (including those children who are made subject to a CIN plan at the conference).

Social Workers and managers should place these cases on the transfer list as soon as the conference is booked. The new social worker or receiving team manager should make themselves available to attend the ICPC. This will allow for them to be introduced to the family and all professionals and will also provide an opportunity for the new social worker to contribute to the CP plan.

If the transfer list deadline is missed for the ICPC – the transfer point will be the first core group meeting.

Transferring teams must ensure that cases are ‘transfer ready’ on the day of the Conference and cases should transfer to the new social worker within 24 hours of the ICPC. If the case is not ‘transfer ready’ the originating team will hold case responsibility until the first core group meeting.

The allocated social worker is responsible for all statutory tasks until the case is transferred.

The relevant BSO from the originating team should ensure that administrative tasks including demographics and networks are up to date and that the relevant transfer checklist is completed.

➤ **Child In Need.**

Case holding teams for children on CIN plans: Safeguarding & Care Planning (East / West) , Children With Disabilities

The transfer point for all CIN cases will be the CIN meeting. CIN meetings should take place within 7 days of the assessment being concluded to ensure that families are receiving help and support in line with the needs identified in the assessment. The CIN meeting will be chaired and minuted by the originating team. The receiving team (social worker or manager) will attend this meeting. Social workers from the transferring team will have the responsibility of sharing the assessment and proposed plan with the family prior to the CIN meeting being convened. The date of the CIN meeting should be agreed with the parents to support their attendance and engagement. Where parents do not **consent** to engaging in a CIN plan – the originating team will need to consider whether the concerns are significant enough to escalate to S47.

Where a family has **no recourse to public funds** and the outcome of the assessment is that there are no safeguarding concerns but the local authority have a duty to provide housing and subsistence the case will be transferred to the NRPF social worker.

Where an assessment has been undertaken by the Referral and Assessment Team and one or more children in the family are identified to have a profound and enduring disability, consultation should take place with the duty manager in the CWD Team to consider the appropriateness of the **transfer to CWD**. Consultations should also take place between the Safeguarding and Care Planning Teams and CWD where similar needs are identified. These discussions should take place prior to a case being placed on the transfer list. At times where there is more than one child in a family, but only one child has a profound disability, cases may be joint allocated to the CWD team and RAS or Safeguarding and Care Planning.

The originating team is responsible for completing the CIN plan and minuting the initial CIN meeting. These should be completed and distributed within 24 hours of the meeting.

The allocated social worker is responsible for all statutory tasks until the case is transferred.

The relevant BSOs should ensure that all administrative tasks including demographics are up to date and that the relevant transfer checklist is completed.

➤ **Children Looked After**

Case holding teams for CLA: Safeguarding & Care Planning (East / West) , Court Team, Children With Disabilities, Children Looked After and Leaving Care.

The receiving team for CLA cases will be dependent on the child / young person's care plan at the time of transfer.

Safeguarding and Care Planning teams & Court Team will receive cases in Care Proceedings, CLA where the care plan is rehabilitation home (short-term), Friends and Family placements with a view to permanency through an SGO or Child Arrangements Order.

CLA Teams will receive cases where children / young people are subject to a Full Care Order or accommodated under S20 with a care plan of long term fostering / permanency outside of their family, children with a care plan for adoption and separated children / young people (unaccompanied minors) under the age of 16.

The Leaving Care team will receive CLA over the age of 16 including those who are remanded to LA care (for a period exceeding 13 weeks), long term CLA accommodated under S20, separated young people (unaccompanied minors) over the age of 16.

There are 4 possible transfer points for Children Looked After:

- ✓ Children Looked After Review
- ✓ Initial Court Hearing / Case Management Hearing
- ✓ Joint visit
- ✓ Following the conclusion of care proceedings.

The transfer point for a new CLA who is accommodated under S20 (where the care plan is rehabilitation home) will be the first CLA review. Children / Young people who have a care plan of rehabilitation home or where consideration is being given to ongoing assessment, interventions, and the possibility of returning home or to reside with family / friends will be transferred to the Safeguarding and Care Planning Teams.

Young people remanded into custody - Young people who were not previously open to Children Services will be subject to a social work assessment in RAS to determine their needs. The case will transfer to CLA or LCT at the first CLA review or at 13 weeks if it is clear they will achieve entitlement to leaving care services. Young people who are already known to Children's Services prior to being remanded will remain with their allocated worker until their longer-term care plan is decided. Where a young person is likely to return home following a period of being remanded, and they are unlikely to be on remand for more than 13 weeks, they will transfer to the Safeguarding Teams at their first review.

Care Proceedings initiated in Referral and Assessment – The transfer point for children subject to Care Proceedings will be the initial court hearing. The Court team should be notified of the date of the Initial Court Hearing and should attend if possible. The Referral and Assessment Team may also be required to attend the Case Management Hearing. The team initiating Care Proceedings must ensure that relevant expert assessments (Part 25 applications) are agreed with legal prior to the case transferring.

Children subject to a Full Care Order and / or Placement Orders –The transfer point for transferring to the CLA team should be within 4 weeks of the Final Hearing. Team Managers should agree a suitable transfer date. A joint visit must be undertaken prior to the case transferring between teams. Receiving teams should also be invited to the Final Care Planning Meeting and should attend the Final Hearing where possible.

Long term CLA - Children / Young people will transfer to the CLA or LCT service once it has been agreed that the permanence plan for the child or young person is to remain looked after

in the long term. The transfer point to the CLA teams should be a CLA Review and preferably after a joint visit to the young person. For young people accommodated under S20 the plan for them to remain in care in the long term must be agreed at a CLA review. Their care plan should set out their long-term care arrangements. In addition to being agreed at the CLA Review, this plan must also be ratified at a Permanency Planning Meeting.

Young people over the age of 16 - Young people who are accommodated under S20, and where the Care Plan is for them to remain in care in the long term, will be transferred to the Leaving Care Service. For cases transferring from Referral and Assessment, this should be the initial CLA Review.

Where a young person has been open to Children's Services for a longer period, either as a child in need or subject to a CP plan and they subsequently become Looked After, Team Managers should agree a suitable point of transfer to the CLA teams. The transfer point may be a CLA review or joint visit. The young person's long-term plan should be confirmed in a CLA review, their Pathway Plan should set out their care arrangements and their care plan should be ratified at the PPM panel.

Care Leavers : Transfers between the CLA and LCT Teams will be guided by the wishes and feelings of a young person and the progress of their Care Plan / Pathway Plan. Where a young person has benefitted from a consistent and effective social work relationship it can be agreed that they only transfer to a Young Person Advisor (YPA) in LCT at age 18.

Looked after young people held in CWD are also entitled to a YPA at 18. The YPA will complete a pathway plan and care leaver pathway although young people meetings Care Act criteria are also joint allocated within adults service.

YPAs will attend, where possible, the final CLA review for the young person to consult on plans transition to adulthood. A joint visit will be agreed between SW and YPA and transfer date agreed between managers.

The allocated social worker is responsible for all statutory tasks until the case is transferred.

The relevant BSOs should ensure that all administrative tasks including demographics are up to date and that the relevant transfer checklist is completed.

➤ **Children subject to Care Proceedings / Pre-Proceedings.**

Case holding teams: Court Team, Safeguarding and Care Planning and CWD

All cases requiring legal advice should be presented at the Legal Gateway Panel (LGP) for consideration and advice. Legal Planning Meetings, outside of Legal Gateway Panel should only be convened in urgent situations.

Where the decision is to initiate **Care Proceedings** the Head of Service chairing LGP will also decide whether the case will be transferred to the Court Team. The transfer point between teams i.e. RAS or Safeguarding (East / West) to the court team will be the initial court hearing.

Where the outcome of the LGP / LPM is to start the **Pre-Proceedings** Process, the case will remain with the allocated Social Worker in the RAS team until the Pre-Proceedings meeting, when the case will then transfer over to the appropriate Safeguarding Team. The case will remain with the allocated social work team until the completion of the Pre-Proceedings Meeting, when the case will be transferred to the appropriate Safeguarding Team within 24 hours.

In respect of an unborn child, if it has been determined at the Legal Gateway Panel that the case is likely to go into care proceedings at the birth of the child then consideration will be given to allocating to the Court Team.

4. Transfers of specific cases:

- **S7 / S37 Referrals for Section 7 and 37 Reports** received from the Court will be allocated to a Social Worker within the Referral and Assessment Team. A social work assessment must be completed alongside the court report. If the assessment concludes that further support is needed consideration should be given the most appropriate threshold in line with Bromley's thresholds of Need. Where children / young people have a considerable Children's Social Care history, MASH will consider whether it is more appropriate for the previous social work team to complete the report. In these cases consultation will take place between the MASH Group manager and the relevant team manager / Head of Service.
- **Children with Disabilities.** The Children with Disabilities Team will work with disabled children defined as: having a severe or profound disability that is permanent. Where the MASH team receives a referral as considers that the threshold of need has been met, they MASH manager will consult with the CWD Duty manager in the first instance. If the 'Eligibility Criteria' for the Children with Disabilities Team is met then this case would pass to the Children with Disabilities Team for allocation. If the primary reason for allocation is the disability of one child then his / her siblings could be worked within the Children with Disabilities Team depending on capacity within the service which will be agreed by the CWD Team manager at point of allocation. The principle is that all children in one family wherever possible should be held by the same Social Worker or, if this is not possible, within the same team. There will however be occasions when only one child meets the criteria for a service from the CWD team and the other children in the family are joint allocated to either the RAS or Safeguarding and Care Planning teams.
- **Private fostering.** Upon receipt of a Private fostering notification the MASH team will create a contact and referral and pass this to the fostering Team Manager who will allocate accordingly. A Private Fostering Assessment will then be completed. If the assessment raises concerns due to multiple or complex needs which require further intervention from social care, either under a Child in Need Plan or Child Protection Plan, the transfer will take place to the relevant Safeguarding Team as per the usual CIN / CP transfer points noted in Section 3 above. It is however acknowledged that due to the nature of Private Fostering work, the usual CIN / CP checklists will not apply.
- **Relinquished baby.** All cases involving the relinquishing of a child would initially be allocated within the Referral and Assessment Team for an assessment to be completed. Where there is uncertainty about relinquishment, the case needs to be jointly worked from the earliest point possible between the Regional Adoption Agency (within the Permanency Service) and the relevant social work team until such a point as relinquishment is clear. If, following the conclusion of the assessment, relinquishment is clear, the case will be presented at the Weekly Transfer Meeting and transferred over to the Safeguarding and Care Planning Team to progress the care plan for the baby. The Permanency Team will work with the parent/s to ensure that the Care Plan for permanency is robustly progressed and to ensure minimum delay for the child. All cases where there is a likelihood of relinquishment should be presented at Legal Gateway Panel.
- **Homeless 16/17-Year-old.** The MASH team will create a contact and referral and pass this to the Housing Social Worker for an assessment. This assessment will be overseen by the Group Manager in MASH. The Housing Social worker will also refer the young person to the Staying Together Team.
- **Young person remanded to STC / YOI.** Where a young person has been remanded, the MASH team will create a contact and referral and pass this to the RAS Team for an

assessment. Once the assessment is concluded and a decision is made regarding the length of the remand and whether the young person will be returning home, the transfer process to either Safeguarding and Care Planning, CLA or Leaving Care will be considered in line with the CLA transfer points noted above.

- **Request for Leaving Care services for a qualifying / former relevant young person.** For Qualifying young people, the MASH team will create a contact and referral and pass this to the duty team manager in the Leaving Care Team for consideration. Young people may also make direct contact with the Leaving Care Service. Young people over 18 returning to the leaving care service who have entitlement either as a former relevant young person requesting support will be advised to make contact with leaving care duty officer directly to discuss their support needs and determine how they wish to be supported.
- **No Recourse to Public funds.** Where a family with no recourse to public funds present to the Local Authority for service, the case will be allocated to the NRPF team for screening and assessment in the first instance.
- **Separated children / Young People (Unaccompanied Asylum-Seeking Children) and Trafficked Children**

Cases will initially be screened by the MASH Team either from:

- ✓ Home Office Notification to LBB of UASC via Pan-London Rota
- ✓ Walk-in Presentations of UASC

MASH will process all UASC Referrals within 1 working day.

If the young person is under 16 years old the case will be allocated to the Referral and Assessment Duty Team for a Social Work Assessment. The case will be progressed and transferred at the Weekly Transfer Meeting in accordance with the outcome of the assessment.

If the young person is over 16 years the case will be allocated to the Leaving Care Team

- **Re-referrals.** Where a case has been closed/ stepped down and MASH receive a new referral within 3 months of case closure the case will be passed back to the team who last worked with the family. The MASH managers will screen all re-referrals and consider whether re-referrals outside of the '3-month rule' should be returned to the team who last worked with the family, if this is in the best interest of the child/family. This will be done in consultation with the relevant Head of Service. Consideration will be based on complexity and length of previous involvement and reallocations should be considered in the spirit of minimising the number of social workers a child will have. The '3-month rule' must be used pragmatically and applied in the best interest of the child / family.

5. Transfer in requests from other Local Authorities.

- **Children subject to a CP Plan:** Transfer in conferences should be considered and arranged in accordance with 6.2 of the London Child Protection Procedures. Where the MASH receives a request for a Transfer in CP conference, and all relevant documents / information has been received, they will process the referral and pass the notification to the Quality Improvement Team and Safeguarding and Care Planning Team to progress.

- **Children subject to a CIN Plan:** Transfer in CIN cases will be considered in line with 6.3 of the London Child Protection Procedures and the Bromley Thresholds of Need. In most instances, CIN cases will be allocated to the RAS Teams to assess and consider whether the needs of the family are in line with the Level 3 of the Bromley Thresholds of Need.

In complex CIN cases we will follow 6.3.4 of the London Child Protection Procedures and following the receipt of all of the relevant information, the case will be passed to the relevant Safeguarding and Care Planning Teams for consideration and transfer.

- **Supervision Orders and Delegation hearings:** Where another authority requests for a Supervision Order to be made to Bromley, MASH will request the legal and CSC key documents from the originating authority and consider the LBB position for representation via legal colleagues. Requests for Supervision Orders to be made to Bromley, will be passed to the relevant Safeguarding Team for consideration and liaison with legal.

6. Escalation and Resolution .

Team Managers should attempt to resolve issues through dialogue with each other and their colleagues in the first instance. Cases should only be escalated to a Head of Service if Team Managers have had discussions and cannot agree a way forward as this may result in drift for the child.

Administrative issues that remain unresolved should be escalated to the relevant team managers in the first instance.

Discussions about Threshold application should take place in accordance with the levels of needs outlined in the Bromley Thresholds of Need Document and in line with the needs identified in the social work assessment.

Resolutions should be achieved within 48 hours of concerns being raised so as to reduce any drift and delay for children.

This escalation process applies to all CSC and EIFS teams.

Appendix 1: Transfer Checklists

CIN CASE TRANSFER CHECKLIST - please complete one form for each child (siblings can be on one form)		
Child/ren: P Number:	Type of Case: CIN	
CareFirst	Completed <i>Yes / No / NA</i>	Signed off/ Authorised
MASH Protect Referral Uploaded- Business Support to check the dates and need code.		
Social Work Assessment- All siblings start and end dates must match. Are visits completed every 4 weeks from the start of SWA?		
Risk Assessment Tool / CSE Risk Assessment		
Manager's Decision/Case Supervision Record- Clear Management Oversight at point of transfer		
Transfer Summary		
Meeting and Plan- CIN		
Contact Visiting Form / Social Work Assessment- Visit- Business Support to check if child was actually seen, if not on forms then check observations. If child has been seen then a form must be completed.		
All Assessments to be completed and authorised. 'N' or 'AR' will not be accepted		
Classification- category of need code to be taken from MASH Referral and added from that date.		
CINCIN Classification- CINCIN added from end date/authorisation date of SWA.		
Person Details- Title, D.O.B (no estimated age), Gender, NHS No, Ethnicity.		
Telephone numbers- each child must have the same main contact number , if they live at the same address, must match parent/guardian's.		
Network- must include GP Practice, School/College, Midwife (for unborn), Health Visitor (if under 4yo)		
Observation case note activity to correspond with activity outlined in assessment regarding visits or contact with family; meetings or correspondence with professionals..		
Has the family ever received food vouchers?- if yes, how many?		
CareStore		
Chronology- up to date and duplicated to every sibling		
Consent form- up to date and duplicated to every sibling		
Safety Plan- up to date and duplicated to every sibling		
Genogram- up to date and duplicated to every sibling		

Transfer Decision and Signatures		
Referring service Team Manager agrees case is ready to transfer	YES / NO**	Date:
Referring service Team Manager signature	<i>Signature:</i>	
	<i>Print name:</i>	

CP CASE TRANSFER CHECKLIST

- please complete **one form** for each child (siblings can be on one form)

Child/ren:	Type of Case: CP	
P Number:		
CareFirst	Completed <i>Yes / No / NA</i>	Signed off/ Authorised
Child Protection Warning on client's Desktop- This is put on by QA straight after Conference		
MASH Protect Referral- Business Support to check the dates and need code.		
*Business Support Only- Check SWA Outcome: NFA/ICPC/CP/CIN		
Strategy Discussion Record (Initial Strat) and Final Strategy Discussion Record- both to be before Conference		
QA Initial Conference Booking Form		
Action Plan under Open Assignments- Business Support check date of next CGM		
Risk Assessment Tool / CSE Risk Assessment		
Manager's Decision/Case Supervision Record- Clear Management Oversight at point of transfer		
Transfer Summary		
Contact Visiting Form / Social Work Assessment- Visit- Business Support to check if child was actually seen, if not on forms then check observations. If child has been seen then a form must be completed.		
All Assessments to be completed and authorised. 'N' or 'AR' will not be accepted		
Classification- category of need code to be taken from MASH Referral and added from that date.		
Person Details- Title, D.O.B (no estimated age), Gender, NHS No, Ethnicity.		
Telephone numbers- each child must have the same main contact number , if they live at the same address, must match parent/guardian's.		
Network- must include GP Practice, School/College, Midwife (for unborn), Health Visitor (if under 4yo)		
Observation case note activity to correspond with activity outlined in assessment regarding visits or contact with family; meetings or correspondence with professionals.		
Has the family ever received food vouchers?- if yes, how many?		
CareStore		
Chronology- up to date and duplicated to every sibling		
Consent form- up to date and duplicated to every sibling		
Safety Plan- up to date and duplicated to every sibling		
Genogram- up to date and duplicated to every sibling		

Transfer Decision and Signatures		
Referring service Team Manager agrees case is ready to transfer	YES / NO**	Date:
Referring service Team Manager signature	<i>Signature:</i>	
	<i>Print name:</i>	

CLA CASE TRANSFER CHECKLIST

- please complete **one form** for each child (siblings can be on one form)

Child/ren: P Number:	Type of Case: LAC	
CareFirst	Completed <i>Yes / No / NA</i>	Signed off/ Authorised
Child Protection Warning on client's Desktop- This is put on by QA straight after Conference		
MASH Protect Referral- Business Support to check the dates and need code.		
*Business Support Only- Check SWA Outcome: NFA/ICPC/CP/CIN		
Strategy Discussion Record (Initial Strat) and Final Strategy Discussion Record- both to be before Conference		
QA Initial Conference Booking Form		
Action Plan under Open Assignments- Business Support check date of next CGM		
Risk Assessment Tool / CSE Risk Assessment		
Manager's Decision/Case Supervision Record- Clear Management Oversight at point of transfer		
Transfer Summary		
Write-ups for all statutory LAC visits / Contact Visiting Form / Social Work Assessment- Visit- Business Support to check if child was actually seen, if not on forms then check observations. If child has been seen then a form must be completed.		
All Assessments to be completed and authorised. 'N' or 'AR' will not be accepted		
Classification- category of need code to be taken from MASH Referral and added from that date.		
Person Details- Title, D.O.B (no estimated age), Gender, NHS No, Ethnicity.		
Telephone numbers- each child must have the same main contact number , if they live at the same address, must match parent/guardian's.		
Network- must include GP Practice, School/College, Midwife (for unborn), Health Visitor (if under 4yo)		
Observation case note activity to correspond with activity outlined in assessment regarding visits or contact with family; meetings or correspondence with professionals.		
Care first Care plan		
Placement Plan- LAC		
Meetings entry recorded – Core Groups – PPMs – LPMs – CIN		
Legal status and LAC episode up-to-date – What is recorded legal status?		
Initial Social Worker Report LAC -		
Review Social Worker Report - LAC -		
CIN Chairs Report		
Core Group Meetings Form		
S47 checklist		
Is there an open Service Agreement? If so, advise what for or close via CCT		
CareStore		

Chronology- up to date and duplicated to every sibling		
Consent form- up to date and duplicated to every sibling		
Safety Plan- up to date and duplicated to every sibling		
Genogram- up to date and duplicated to every sibling		
The Final Court Care Plan		
Child's CPR		
Court Orders		

Transfer Decision and Signatures		
Referring service Team Manager agrees case is ready to transfer	YES / NO**	Date:
Referring service Team Manager signature	<i>Signature:</i>	
	<i>Print name:</i>	

CASE TRANSFER – CHECKLIST – LCT

please complete one form for each child

Name of child: Date of Birth: P Number:	Legal Status: Date of reception into care:
High risk visits to worker? YES / NO CareFirst	Completed <i>Yes / No / NA</i> <i>Plus notes if needed</i>
	Dates achieved
Has yp been in care 13 weeks and achieved entitlement to LCT service? If not has a SWA been completed to confirm rehab has been ruled out and has this been agreed at PPM and at CLA review ? Has case been to LGW for consideration ?	
PATHWAY PLAN	
NETWORK - to include GP, Health, School / College and all telephone numbers/Carer's names	
PLACEMENT PLAN	
GENOGRAM	
OBSERVATIONS	
CLA VISIT	
ETHNICITY CODE	
LEGAL STATUS & LAC EPISODE	
WARNINGS ENTRY (if high risk visits to worker)	
SUPERVISION RECORD	
STRATEGY DISCUSSION RECORD	
PEP	
TRANSFER SUMMARY	
RISK ASSESSMENT & SAFETY PLAN	
3 MONTH CASE SUMMARY	
CLEAR & DOCUMENTED POST 18 PLAN IF 17.5 OR OVER	
LIFESTORY WORK	
LATER IN LIFE LETTER	
Passport, Photographs, Birth Certificates: What will be Passed to the LAC team as Treasures?	
Is there a passport? If yes who has possession of it?	
Is there a birth certificate? Where is the original birth	

certificate? (not photocopy)	
National Insurance Number:	
CareStore	Yes / no and notes
The final Court Care Plan, Court Orders, Care Order, Expert reports/ social worker / Guardian statements that benefit the reader case knowledge. (Please indicate by name).	Yes/No Yes/No Yes/No
CHRONOLOGY	
CONSENT FORMS, including S20 where applicable	
HEALTH RECORDS	
Significant events	Date
DATE OF NEXT CLA REVIEW	
DATE & DETAILS OF NEXT PANEL	
DATE NEXT VISIT DUE	
Audited by receiving team	<i>Enter date & sign</i>

Transfer Decision and Signatures		
Referring service Team Manager agrees case is ready to Transfer	YES / NO**	Date:
Referring service Team Manager signature	<i>Signature:</i>	
	<i>Print name:</i>	
Receiving service Team Manager agrees case is ready for Transfer	YES / NO**	Date:
Receiving service Team Manager signature	<i>Signature:</i>	
	<i>Print name:</i>	

**** if no, state reason:**

STEP DOWN CHECKLIST FOR CSC to BCP or CAF (2020)

Please contact either the CAF Team on 0208 461 7174 or BCP on 0208 461 7231 should you have any questions

Name of SW:		Name of Parent(s):		Ethnicity
Work Mobile No:		Parent(s) P Numbers:		
Team:	Referral and Assessment Social worker	Name of child(ren):		Ethnicity
Manager Name:		Child(ren) P Numbers:		
Work Mobile No:		Date of last contact:		

CAF SECTION: *If this is a step-down to CAF complete this section*

1. Have the family consented to this Step-Down?			2. Are Gang/Trafficking/ Missing/CSE Assessments completed & signed off/ logged with ATLAS?		
3. Name and designation of the Lead Professional who has agreed to take on the role			4. Contact details of the Lead Professional		

Which of the following documentation has the family consented to share which must include the Step-Down Action Plan/initial CAF Action Plan. The SW must provide the Lead Professional with a copy of all the consented paperwork which must provide background information in respect of the remaining issues to be managed through the CAF (Please tick):

- Social Work Assessment
- TAC date/ Handover meeting minutes (*completed before Step-Down*)
- Final CIN meeting minutes
- Closure record
- Copies of referrals made to other agencies
- Evidence of Lead Professional accepting role

BCP SECTION: *If this is also a step-down to BCP complete this section*

1. Is the BCP Referral Form completed & attached?			6. Name of person authorising the SW Assessment:		
2. Have the family consented to this Step-Down?			7. Are there any outstanding actions? (<i>provide details overleaf</i>)		
3. Have the family agreed to share the SW Assessment?			8. Are Gang/Trafficking/ Missing/CSE Risk Assessments completed?		

4. Date the SWA was authorised:		9. Have they been signed off & logged with ATLAS?		
5. Is the SWA attached?				

Documentation required/ submitted at CSC Transfer Panel (Please tick):

TAC date/ Handover meeting minutes (completed before Step-Down)

Final CIN meeting minutes

xClosure record

Copies of referrals made to other agencies

BCP Referral Form (do not send to BCP prior to Transfer Panel – do not use online form only PDF)

SW Assessment

This Section is for both CAF & BCP
TAC/ Handover meeting minutes (completed prior to Step-down)

DATE:	TIME:	VENUE:
Name of Authorising Manager:		Signature:

I confirm that this case is to be Stepped Down

All documents have been completed/ attached

The TAC/ Handover meeting has been arranged

**If not completed this referral will be rejected at Panel*

Details of all outstanding actions & any additional comments:

Base on the information gathered in this assessment, I am of the view that this case does not met the criteria for a child in need. However, I believe that Agnes will need some Early Help support to ensure that Maya's needs are being met and that she does not continue to neglect her.

I am recommending Agnes to be referred to the early help team for parenting support.

Agnes would benefit from a referral for counselling to deal with her low mood and past trauma.

Agnes to be referred to take part in the Early help parenting courses

Agnes will need to be referred to also take part in self-esteem and confidence courses

Agnes will need support to ensure that she is claiming all the benefits she is entitled to in order to care for Maya financially.

Agnes will need to start putting Maya's needs above other things and ensure that she is a priority.

Agnes will need support with putting in place boundaries and routines for Maya

Maya will need to be supported in attending nurse school so that she can interact with other children of her age groups

Agnes and her mother's relationship will need to develop so that they can trust each other and ensure that Maya's needs are being met at all times.

Appendix 2 . Early Intervention and Family Support Transfer Protocol

Social Care Step Up / Step Down Process

'STEP UP': A service request is made to Children Social Care (CSC) MASH team for a child currently supported under the Early Intervention and Family Support services. (EIFS).

A child / young person and their family who have been assessed via an EIFS assessment tool and or a CAF (Common Assessment Framework assessment) and is being supported by one of the teams in EIFS may need a service from a Social Care Team. This could be because the child's needs have changed or escalated. The child may require a different service to that offered by the EIFS teams or may require a specialist service in addition.

If a concern is identified that raises the threshold to Level 4 a MASH referral will be completed. EIFS refer to the Threshold of Needs in all their referrals to MASH because being clear about the thresholds avoids unnecessary requests or assessments (please refer to the Bromley Threshold Framework) saving time and resources in both services. It also avoids subjecting children and families to these processes unnecessarily.

Consent will be sought by EIFS from the family prior to a step up request, unless it is not possible to obtain consent and delay would be detrimental, or unless seeking consent would place the child at increased risk of significant harm. Any decision to proceed without consent should be taken in consultation with the Team Manager.

For all Step Up requests, the MASH referral form should be completed and sent with an up-to-date EIFS assessment and if in place the CAF assessment, the Family's plan, and any relevant TAC minutes to the MASH team. If the service request to Children's Social Care is not accepted by the MASH team as meeting the Level 4 threshold, the Bromley Children Project service should continue as before, although a further request should be made if concerns escalate in future or if the service feel that the decision needs to be challenged and reconsidered. If there is a CAF in place, the CAF Team should be advised of the outcome of the step-up referral decision.

If the case is allocated for an Assessment in the Referral and Assessment Team, a social worker will contact the family and partner agencies already involved with the child. Any services provided by the Bromley Children Project should continue while the Assessment is carried out; this process should be completed within 10 working days. At this point if the case is to remain open to Children's Social Care (e.g. for Section 47 enquiry to be carried out or for work under CIN) the Bromley Children Project will close their case.

Regular communication must take place between the Social Care Team and the Family Support and Parenting Practitioner (FSPP) in the Bromley Children Project to ensure that, whilst service provision is maintained, it does not compromise the investigation during that 10 working day period.

Social Workers should consider, where parenting issues are a key concern, referring into EIFS Bromley Children Project's full range of services using the Directory of Services, Parenting Booklet, Parenting Plus programme, bespoke parenting programmes such as Caring for your Child neglect course and other support for parents in the Children and Family Centres.

If the outcome of the S47 Enquiry is to convene an Initial Child Protection Case Conference from the 'Step Up' then Referral and Assessment Team will invite the FSPP from the Bromley Children Project to the Conference.

If, following the completion of the Assessment, the child is assessed to be 'in need' and statutory services need to be provided, the allocated Social Worker in the Referral and Assessment Team will bring the case to the Weekly Transfer Meeting and the process followed as set out in Section 4, Transfer of Section 17 Cases from the Assessment Services: Child In Need Cases of this Protocol. The outcome of the Weekly Transfer Meeting will be shared with the FSPP in the Bromley Children Project by email.

'STEP DOWN': A service request is made to wider Early Help e.g. within their community, for a child currently supported by Children's Social Care (an open case).

Children's social care should always aim to reduce their involvement as the children / family's needs become met. Families, children and young people identified by Children Social Care for potential step

down to early help will be identified at the earliest opportunity as part of ongoing case reviews.

Social workers will consider all options for step down, including universal service providers. Step downs will only be accepted into early help where the level of need has been reduced to meet the criteria as set out in the Bromley Threshold Framework (May 2017).

Once a decision to step down a family, child or young person has been made, consent of the family to work with Early Help Service must be sought by the allocated CSC Social Worker.

Where the step-down is the EIFS Bromley Children Project, the case should be presented at the Weekly Transfer Spreadsheet as discussed in the Transfer Protocol (above).

Cases must not be stepped down so that children's cases can be 'monitored' or in order to make an onward referral to another agency.

The allocated Social Worker will ensure the case is 'Transfer Ready' and provide the EIFS Bromley Children Project with information that describes the family's unmet needs. This should include:

Completed EIFS Checklist signed off by a Team Manager and:

- Completed Bromley Children Project Referral Form (not required for CAF only step-downs)
- A recent / updated assessment and closure record – whichever is the most appropriate and there is consent from the family to share
- CIN plan showing completed and outstanding actions
- Decision & Chair's report from final CP review (if appropriate)
- Specialist assessment or other relevant supporting information

Where the family are stepped down to CAF only, there must be evidence of who has accepted the role of Lead Professional.

Where a case is being stepped down the Social Worker stepping the case down will convene a final hand-over / Child in Need Meeting which will also serve as the initial TAC Meeting. The Social Worker will inform the family and other professionals. This meeting should identify a new Lead Professional and produce the basis of the CAF Early Help Plan. The Bromley Children Project will upon allocation to a practitioner, undertake a holistic EIFS assessment with the family when the family transfers across from CSC and will incorporate the plan from this transfer meeting if agreed by the family.