

Children's Social Care Case Transfer Protocol

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CONTENTS

1. Introduction	3
2. Principles	3
3. General points	3
4. Looked-after, CP and CIN cases from AIS/RLH	4
5. Disability	4
6. Leaving Care	5
7. Unaccompanied Asylum Seeking Children (UASC)	5
8. Transfer process	6
9. Other points	6
11. Case Transfer flowchart	8

1. Introduction

- 1.1. This protocol directs the flow of cases through Children's Social Care. The MASH provides a screening service for new cases, Assessment & Intervention teams undertake single and timely (35 day) assessment work with families; and Family Support & Protection teams focus on children subject to protection plans and families with long term complex needs. Looked after children cases will be held in CLA teams unless return is planned within a six week period.

2. Principles

- 2.1. The service provided by Children's Social Care is a single service.
- 2.2. The child's needs and their journey should be at the centre of any process.
- 2.3. The number of social worker changes for a child/young person should be kept to an absolute minimum but in adherence to the current delivery model which does have handover points.
- 2.4. The process of case transfer should be simple and solution focused. Managers should be flexible in their approach and decisions should be made from the point of view of the child and family.
- 2.5. Transfer arrangements will always be mindful of the need to ensure safety of children. It is essential that good quality information is passed from old team to new team to prevent gaps in knowledge and to ensure that the welfare and protection of children is paramount.

3. General points

- 3.1. In line with our principle to reduce handover points and changes of social workers, cases shall transfer from MASH or Assessment and Intervention directly to CLA or Through-care. If the professional judgment suggests that the trajectory for a child is long term care or permanency planning,, even if the court does not in the first instance accept the LA care plan.
- 3.2. The case transfer should take place as soon as it has been agreed by the transferring and receiving Team Managers within the parameters set out in this protocol. Some allowance can be made for handover visits and the needs of family-centred practice. (Joint-working periods are envisaged for certain cases specified below.)
- 3.3. Lack of paperwork when transfer is agreed should not delay the handover of case responsibility. Instead Team Managers should address this as a practice quality issue. The electronic case file must

be up to date and quality assured by A&I Team Managers before transfer. The purpose of this is to equip the incoming worker with all the relevant information to take the case forward. Gaps in recording can have impact on the planning for the child and family. If the case needs to go over urgently then managers should negotiate this process to ensure that we keep with the 'child's timescales'.

- 3.4. Throughput of cases is a necessity to manage volume ("throughput" includes timely transfer of cases, ending CSC involvement and stepping down where appropriate). Service Managers will therefore encourage compliance and support the process.
- 3.5. Thresholds discussions should be resolved quickly at Team Manager level to determine the appropriate destination of the case. Where resolution cannot be achieved at Team Manager level, the matter should be escalated promptly.

4. Looked-after, CP and CIN cases from AIS/RLH

- 4.1. For cases in care proceedings the transfer should start at the first hearing. A period of joint working should commence at this point for up to 4 weeks negotiated between the outgoing and receiving team on a case by case basis; after that the case should be transferred in full. It is the responsibility of the managers to determine the nature of any joint work, but the focus should be on hand over and endings.
- 4.2. Section 20 cases should be transferred at the first LAC review, unless there is a clear and feasible plan (over and above the standard aspiration) for the young person/child to be rehabilitated home. The receiving social worker should be present at the review.
- 4.3. CP cases should be transferred from AI to FSP at the initial case conference; the receiving social worker should attend. A handover visit after transfer is desirable and should be recorded on the case file (case notes/key documents and episodes etc.). Team Managers are responsible for auditing case files.
- 4.4. CIN cases should transfer at the CIN meeting where the plan will be drawn up by the AI service. The identified worker from FSP should attend the meeting.
- 4.5. CIN Cases should have a completed CIN Plan prior to transfer to FSP.

5. Disability

- 5.1. The main requirement for allocation to the Children with Disabilities (CWD) team is that the child has an actual diagnosis of disability. Parents who have a diagnosis of Learning Disabilities can also be

considered by the CWD team and discussions should take place between Team Managers regarding individual cases.

- 5.2. There are several subtly different definitions of disability. Tower Hamlets adopts the definition which arises from the Disability Discrimination Act (DDA):

“a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.”

Further guidance on disability and criteria can be found in the Short Breaks Statement produced by Tower Hamlets.

- 5.3. Many referrals will concern families where only one of a group of siblings has a disability. These families should be allocated to the CWD team if the child's diagnosed disability is the significant issue in the presenting problem. The CWD team hold cases for children looked after and child protection cases. In accordance with the principle of keeping siblings with one worker as far as practicable, managers will determine which team in Children's Social Care should hold a particular case, dependent on the reason for concern, to ensure that a family has one Social Worker and Manager.

6. Leaving Care

- 6.1. All eligible (13 week rule under the Leaving Care Act 2000) young people will be allocated a worker to progress pathway planning, as will young people who have been de-accommodated and become “relevant” within the definition of the Leaving Care Act 2000.
- 6.2. Children Looked After (CLA) and Leaving Care Service (LCS) are allocated as an integrated service for 16 and 17 year olds according to the needs of the young person, taking into account the impact of change of worker and staff capacity. One worker is allocated either from CLA or LCS to complete the pathway plans so duplication is avoided.
- 6.3. Young people residing in foster care or a registered residential setting cannot become relevant young persons as long as they remain within these settings.

7. Unaccompanied Asylum Seeking Children (UASC)

- 7.1. Age assessments go through MASH and are jointly assessed by LCS and a MASH social worker.

7.2. CLA and LCS are allocated as an integrated service for 16 and 17 year olds according to the needs of the young person, taking into account the impact of change of worker and staff capacity. One worker is allocated either from CLA or LCS to complete the pathway plans so duplication is avoided.

7.3. 18 year olds are allocated to LCS.

8. Transfer process

Cases that require transfer (mainly from the AI) should be quality assured by the Team Manager when placing the case on the allocation spreadsheet for transfer.

8.1. The case details should be provided to the lead administrator by Friday 4pm who will then update the spreadsheet. The FSP Team Managers will meet weekly (on a Tuesday) to allocate cases within this service. AI managers will be invited to the transfer meetings to answer any questions and have the face to face meeting. Where possible there should be at least one joint visit by the two social workers to effect goodbyes and introductions, and this should take place after the case transfer meeting (as per 4.3)

8.2. Services must not delay transfer for reasons relating to their internal allocation processes, including the unavailability of a worker. Each service will allocate work according to its own internal process.

9. Other points

9.1. Case transfer into the borough is for FSP managers to decide. Where there is a dispute, CPRS will get involved.

9.2. CIN cases post Care Orders/SO should stay with CLA for a year.

10. Case Transfer Audit Tool

Mandatory minimum requirements for allocations list		
Tasks	Completed	Comments
Completed Assessments (for CIN cases) on all children, including the sketch of the CIN plan on the assessment		
Management oversight of clear rationale for CP/CIN on assessment/case notes		
Transfer summary with date of CIN review/ICPC/core group date ahead of these to ensure attendance from FSP		
CIN episode opened		
Mandatory minimum requirements for transfer		
Tasks	Completed	Comments
Check address and contact numbers are current on all siblings		
Check relevant professionals are linked and visible on frameworki		
Evidence of assessment being shared with the family		
Completed CIN plans/core groups on all siblings		
Completed visits within the last 4 weeks/10 days if CP		
Updated Chronology		
Management oversight on evidence of QA of the transfer audit checklist		
Transfer points at CIN review meeting/ICPC/handover visit. FSP to identify a social worker to attend initial review or ICPC.		
A&I managers to email FSP managers / receiving workers when case is transferred on frameworki		

11. Case Transfer flowchart

