

## Transfers protocol – Localities, Reception, IDCS and Children in Care

Version 5 – May 2016

### General principles:

Before transfer the manager should review the case in supervision and any outstanding tasks addressed as far as possible.

At the point of transfer files should be in good order; the CSO & worker should ensure all documents have been saved/scanned prior to transfer of responsibility, plan, logs & chronology should be up to date. Case responsibility will not transfer until this is the case. However, delays in transfers from Reception are to be avoided to ensure throughput of work.

A transfer checklist should be completed which highlights safety issues, key dates and outstanding tasks. This should accompany the transfer request to the relevant VCM/allocation meeting.

For children in care, particular attention should be paid to screening of extended family to ensure all potential family placements have been fully explored in appropriate timeframes.

At any point where it is identified that Social Care input is not needed, consideration should always be given to the need for MAT team or other service involvement where there are on-going needs. Any "step down" at transfer should always be confirmed by VCM. All CIN must have an assessment completed by a social worker; this includes CIN held in multi agency teams. Following assessment a decision will be made at VCM as to where the case should be worked. Some CIN cases may be worked in multiagency teams, this must be a decision taken in discussion between social care and MAT managers. There should be an assessment on all children in a family unless referral/ concern is really child specific eg respite for a disabled child. Where the assessment identifies threshold met and need for a service for each individual child, then keep all children in family open, the plan should then cover all of them. If threshold not met for some children or no needs identified then those children's cases should be closed.

Transfers should always include direct communication between workers as indicated.

Any concerns about a transfer process should be raised, and escalated promptly if not resolved, if necessary using the escalation policy.

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### **Quality feedback**

If a receiving manager has a concern about the standard of work on a case, especially tasks or documents missing, they should feed this back to the sending manager, in the spirit of continuous improvement. Except for tasks or documents agreed above, there is no expectation that the sending worker does further work on the case, & it would not be a reason for delaying transfer

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However, managers will want to pick this up in supervision & ensure it is not repeated in the future. Any such concerns which are repeated with no apparent improvement should be discussed between the relevant HoS/DHoS, in the spirit of service improvement. If themes emerge, there should be discussion at Heads of Service or Team Manager’s meetings.

**Difference of opinion on care planning**

Care planning rests with the service with case responsibility. There should be total clarity as to the point at which this transfers. If there are unusual factors which have lead to a particular care plan, the sending manager should have a direct conversation with the receiving manager to make them aware of these issues.

Where a receiving service is not happy with a particular plan, this should be discussed between Heads of Service/DHoS in the spirit of ensuring consistency & best practice in care planning. This would never be a reason for delaying transfer. If themes emerge, there should be discussion at Heads of Service or Team Manager’s meetings.

**Key - Green = Reception – Purple = Localities or Reception – Orange = Localities – Blue = EHA – Red = CiC – Dark Red = CiC or LAC Exit – Pink = LAC Exit – Black = Care Leaver – Appendix 1 = Pale Pink**

Case	From	To	Timing of request	Ass'ts or reports	Process	Timing of transfer of responsibility	Barriers to transfer
S20 family breakdown	Reception	CiC	Not at present		To review in the future		
S20 Asylum Seeking Children	Reception	CiC	On completion of Single Assessment (SA)	SA, age assessment	CiC to allocate within 1 week.	On allocation	

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Child in need – level 3	Reception	Locality or IDCS	On completion of SA	SA	Via VCM/IDCS allocation meeting Locality & IDCT to allocate worker and pick up case within 1 week of VCM.	1 week from VCM/ IDCS allocation meeting	If safeguarding issues have not been appropriately addressed – to be discussed directly
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Case	From	To	Timing of request	Ass'ts or reports	Process	Timing of transfer of responsibility	Barriers to transfer
					To be allocated to manager if no worker identified Direct communication to take place between workers by phone at least, or joint meeting or visit in critical cases		between managers.
Child in need – borderline level 3	Reception	Locality or IDCS	On completion of SA	SA	Via VCM/IDCS allocation meeting VCM/IDCS to consider alternative services to avoid the need for SC allocation Identified SC manager to check directly within 1 week with Reception manager that proposed response is appropriate and worker informed.	Alternative service response agreed within 2 weeks, recorded on file and family informed.	If any dispute or alternative service not available, to be allocated to Locality or IDCS SC worker.
S20 family breakdown	Reception	Locality Or IDCT	On completion of SA	SA. All LAC paperwork to be complete, review booked, contact set up & transport to contact & school booked	Via VCM/IDCS allocation meeting Locality & IDCT to allocate worker and pick up case within 1 week of VCM/ allocation meeting Joint visit expected; direct communication to take place between workers as a minimum.	1 week from VCM	Any delay in transfer request will take too close to 1 <sup>st</sup> review. If relevant VCM is less than 3 weeks from review, Reception to keep and transfer at review.

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Homeless young people	Reception	Locality	As above	Housing Needs Assessment, SA plus LAC paperwork if S20	Via VCM as above for Locality of the family home address, or address on referral if no family in Derby. Locality to allocate worker and pick up case within 1 week of VCM. To be allocated to manager if no worker identified Direct communication to take	As above	As above if S20
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Case	From	To	Timing of request	Ass'ts or reports	Process	Timing of transfer of responsibility	Barriers to transfer
					place between workers		
Child protection	Reception	Locality or IDCT	when conference booked	SA & CP plan	Locality/ IDCS to be invited to conference; allocated via VCM/ allocation meeting	At conference	None
ACYP	Reception	Locality or IDCT	When meeting booked	SA & CiN plan	As above	As above	None
Proceedings	Reception	Locality Or IDCT	As soon as need is apparent.	SA, chronology & statement to be completed by Reception. Care plan to be completed by Locality/ IDCT	By direct contact to Locality/ IDCS. Locality worker & manager plus Reception worker & manager to attend Gateway. Tasks to be allocated as agreed at Gateway. Joint visit to be undertaken.	From Initial Hearing	If proceedings with history of recent previous proceedings, and no obvious changes, transfer to CiC
Unborn baby	Reception	Locality	If initial consideration shows likelihood of need for at least a SA, request transfer immediately <b>no later than 24 weeks into pregnancy.</b> Otherwise as above for CiN	Early Help Assessment (EHA) or referral info only - no SA needed	Via VCM Locality to allocate worker and pick up case within 1 week of VCM. To be allocated to manager if no worker identified	1 week from VCM	If history of recent previous proceedings, and no obvious changes, transfer to CiC
Intentionally homeless family or in refuge	Reception	Locality	On completion of SA	Housing needs Ass't, SA	Via VCM of Locality of last permanent address Locality to allocate worker and pick up case within 1 week of VCM. To be allocated to manager if no worker identified Direct communication to take place between workers	1 week from VCM	If no recourse to public funds, transfer to relevant city-wide workers.

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Care	Localities	CiC or	Once assessment	EHA or SA from	CiC or IDCS to allocate within	From	If changed
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Case	From	To	Timing of request	Ass'ts or reports	Process	Timing of transfer of responsibility	Barriers to transfer
proceedings with history of recent previous proceedings	or Reception	IDCT (for disabled child - see definition below)	has established there has been no change since previous proceedings & parents are the same or unknown – <b>no later than at 24 weeks into pregnancy</b>	reception; If known to Localities, core & Court documents relating to siblings	one week, joint visit with Localities worker, if involved, within 2 weeks of allocation. Where siblings recently closed to Locality worker, consider joint working to initial hearing.	allocation, or from jt visit if localities	circumstances or new partner, proceedings to be run in Locality team
Relinquished babies	Localities or Reception	CiC or IDCT	Once assessment has established the mother's firm intent & lack of family option – no later than 24 weeks	EHA or SA	CiC or IDCS to allocate within one week, joint visit with Localities worker if involved within 2 weeks of allocation.	From allocation, or from jt visit if localities	If ass't has not explored intent or family
S20 family breakdown	Locality	CiC or IDCT	3 weeks prior to 4 month review	SA, LAC documents detailing permanence plan.	CiC or IDCS to allocate within 1 week. Consider CiC worker attendance at review. Joint visit prior to review	At review	If young person is about to return home
S20 Homeless young people	Localities	CiC	3 weeks prior to 4 month review	SA, LAC documents	CiC to allocate within 1 week. Consider CiC worker attendance at review. Joint visit prior to review	At review	If young person is about to return home

<p>Care proceedings – plan for long term care</p>	<p>Localities</p>	<p>CiC or IDCT</p>	<p>3 weeks prior to final hearing</p>	<p>Court paperwork, updated as neccs, LAC documents</p>	<p>Cic or IDCS to allocate within 1 week. Joint visit to be booked prior to final hearing, to take place before the hearing if appropriate, otherwise within 1 week of the hearing. Managers to speak to pass on any pertinent issues from the Hearing or in relation to the Care Plan. CiC worker to have the option to attend Final Hearing if this would be helpful <b>as an observer only.</b></p>	<p>From Final Hearing</p>	<p>Locality worker to complete any short term tasks within one week, e.g. amendments to care plan agreed at Court, but this should not delay transfer</p>
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Case	From	To	Timing of request	Ass'ts or reports	Process	Timing of transfer of responsibility	Barriers to transfer
Care proceedings – plan for adoption	Localities	CiC	2 weeks prior to consideration by Agency Decision Maker	CPR, Court documents & SA	CiC to allocate within 1 week, joint visit to take place within 2 weeks. CiC worker to do life history work and all activity associated with home finding. Lac worker to do all work associated with the proceedings & LAC reviews. Workers to liaise over visits to child or family Lac worker to contribute to Life appreciation days	Joint work from ADM decision; assume full responsibility at Final Hearing with making of Placement Order	Locality worker to complete any short term tasks e.g. amendments to care plan, but this should not delay transfer. If CO & PO hearings separated, case to be retained by Localities until Placement Order made.
S20 family breakdown & homeless young people	Locality	Locality	N/a. Children to stay with same Locality pending transfer to CiC if remaining in care.				
S20 rehabs	Locality	Locality	10 weeks after return home	Current SA, CiN review report	Locality to allocate within 1 week, CiN review booked, joint visit to take place prior to review	at CiN review	
Placements with parents, supervision orders, family placements at end of proceedings	Locality	Locality	3 weeks prior to final hearing or immediately after final hearing	Court documents, PWP agreement, family assessment	Locality to allocate within 1 week, joint visit to take place after final hearing. Managers to speak to pass on any pertinent issues from the Hearing or in relation to the Care Plan.	At Final Hearing or later agreed time	Original Locality worker to complete any short term tasks within one week e.g. amendments to care plan, but this should not delay transfer
Placements with parents & supervision orders at other times	Locality	Locality	3 weeks prior to LAC or SO review	LAC review documents & care plan or SO review report	Locality to allocate within 1 week, joint visit to take place prior to review	At review	If revocation indicated or extension to SO within the next three months.

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CiN	Locality	Locality	3 weeks prior to CiN Review. Notification to VCM.	CiN review report + recent ass't	Locality to allocate within 1 week, joint visit to take place prior to review	At CiN review	If receiving Locality considers non-social care services
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Case	From	To	Timing of request	Ass'ts or reports	Process	Timing of transfer of responsibility	Barriers to transfer
							appropriate & sufficient, to be agreed between managers and case closed by sending manager
CP or ACYP	Locality	Locality	3 weeks prior to conference	SA and CP conference report	Locality to allocate within 1 week, joint visit to take place prior to conference	At conference	If concerns critical, immediate proceedings needed or other reason not to disrupt workers.
PLO or proceedings	Locality	Locality	Not appropriate to transfer during PLO or proceedings of any sort				
Unborn baby – no plan to remove at birth	Locality	Locality	At 24 weeks in pregnancy and no later than 30 weeks	Recent SA	Via VCM. Locality to allocate within 1 week, joint visit to take place within 2 weeks.	2 weeks after VCM	As above for "obvious" proceedings. If more than 30 weeks into pregnancy, or if there is a plan to remove at birth, original Locality to keep
Child In Need	Locality	Locality	3 or 4 weeks before review	SA	SA complete. Workers meet. Handover at review. Introductions to family.	At review where possible.	Occasional capacity issues.
Child In Need	Locality	External Authority	Notify other LA as soon as we are aware of the new address, at	SA	SA complete. Workers meet. Handover at review. Introductions to family.	At review where possible.	Occasional capacity issues.
Level 2 MAT	Locality	Locality	No particular timescale mapped out. Good practice should be 3 or 4 weeks before TAF.	EHA	EHA complete. Workers meet. Introductions to family. Handover at TAF.	At TAF where possible.	Occasional capacity issues.

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Level 2 MAT	Locality	External Authority	No timescale mapped out. Good practice	EHA	EHA complete. Workers meet. Introductions to family. Handover at TAF.	At TAF.	The external authority accepting the case.
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Case	From	To	Timing of request	Ass'ts or reports	Process	Timing of transfer of responsibility	Barriers to transfer
			should be 3 or 4 weeks before TAF via				
Priority Families	Locality	Locality	No particular timescale mapped out. Good practice should be 3 or 4 weeks before TAF	EHA			No barriers.
Priority Families	Locality	External Authority	No particular timescale mapped out. Good practice should be 3 or 4 weeks before TAF.	EHA	EHA complete. Workers meet. Introductions to family. Handover at TAF.	TAF or review.	External authority accepting case.

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Family Intervention Project	Locality	Locality	No particular timescale mapped out. Good practice should be 3 or 4 weeks before TAF.	EHA	EHA complete. Workers meet. Introductions to family. Handover at TAF.	TAF	Capacity issues.
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Case	From	To	Timing of request	Ass'ts or reports	Process	Timing of transfer of responsibility	Barriers to transfer
Family Intervention Project	Locality	External Authority	No particular timescale mapped out. Good practice should be 3 or 4 weeks before TAF.	EHA	EHA complete. Workers meet. Introductions to family. Handover at TAF.	TAF or review.	External authority accepting case.
Family Visitor (Children's Centre)	Locality	Locality	No particular timescale mapped out. Good practice should be 3 or 4 weeks before TAF,		Refer to VCM		
Family Visitor (Children's Centre)	Locality	External Authority					
S20 and Care Order prospective reunifications	CiC	LAC Exit	After LAC Exit has completed a positive assessment of the prospect of reunification, or a foster carer has expressed a wish to apply for a Child Arrangement Order/SGO on fostered child	Care Plan Latest LAC paperwork	LAC Exit to allocate a worker asap (likely to be same worker who has completed the assessment) so already allocated if not allocated already. If re-unification or CAO/SGO is NOT current plan, LAC review to be brought forward and attended by both workers. If it is current plan hand over takes effect following a joint visit by both workers	At LAC review or joint visit (when LAC exit team able to commit time to reunification process)	Space in LAC Exit team
Unborn baby of former Looked after child.	CiC	Locality	No later than 24 weeks in pregnancy	SA to include full history of parent(s) and chronologies	Via VCM. Locality to allocate within 1 week, joint visit to take place within 2 weeks.	2 weeks after VCM	As above for "obvious" proceedings. If more than 24 weeks into pregnancy, CiC to keep
Unborn baby of Looked after child	CiC	Locality	Not appropriate – CiC to keep				

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S20 rehabs	CiC or LAC exit	Localities	10 weeks after return home	Current SA, CiN review report	Locality to allocate within 1 week, joint visit to take place	at CiN review	If there are strong indicators of
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Case	From	To	Timing of request	Ass'ts or reports	Process	Timing of transfer of responsibility	Barriers to transfer
					within 2 weeks.		imminent breakdown
Care Order rehabs - revocation	CiC or LAC exit	Localities	3 weeks prior to final Hearing via VCM	Current SA & Court documents	Locality to allocate within 1 week, joint visit to take place within 2 weeks.	At Final Hearing	CiC worker to complete any short term tasks within one week e.g. amendments to care plan, but this should not delay transfer
S20 & Placement with Parent reunification breakdown	LAC Exit	CiC	3 weeks prior to first review	SA, LAC documents detailing permanence plan	CiC to allocate asap and send new worker to 1 <sup>st</sup> LAC review	At review	
Care Order, Placed with Parent – no immediate prospect of discharging the CO	LAC Exit	Localities	Three months post reunification with positive assessment but no prospect of discharging CO in the next 6 months.	SA + LAC paperwork PWP agreement	Localities to allocate within 1 week and LAC review scheduled. Both workers to attend LAC review	At LAC review	
Care Leaver	CiC	Leaving Care Service	When CiC reaches 16 <sup>th</sup> birthday	15+ Assessment and Stat Review Report	Reports sent to TM LCS for allocation. Workers meet. Joint working starts from next review.	Complete transfer at YP's 18 <sup>th</sup> birthday	None

**Appendix 1.**

Case Responsibility when there are both disabled children and non-disabled children in a family

CPP / S.47s

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1. Where the family is closed or not known

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- a. If it is a disabled child who has allegedly been harmed, then ICDS will investigate and take to initial case conference.

At initial case conference, if plans are recommended, then IDCS will keep the case if

- there are more disabled children in the family who are to be subject to a plan than non-disabled children
- there are an equal no. of disabled & non-disabled children

Where there are more non-disabled children localities will take key worker responsibility for all of the children. The IDCS will be commissioned to provide community support services to the disabled children in the family.

- b. If a non-disabled child has allegedly been harmed, then localities will investigate and take to initial case conference.

At initial case conference, if plans are recommended, then Localities will take the case if

- there are more non- disabled children in the family who are to be subject to a plan than disabled children

## **LAC**

Where children are placed together as a sibling group and there are equal or more disabled children, IDCS will assume case work responsibility for all of them. Where there are more non-disabled children Localities/ CIC will take case work responsibility for them all and commission services from IDCS. Where disabled children are placed separately, IDCS will hold case work responsibility.

## **CIN**

Where there are more disabled children or equal numbers of disabled and non-disabled children, the IDCS will assume case work responsibility for all of them. Where there are more non-disabled children, Localities will assume case work responsibility for all of them and commission services from IDCS for the disabled children as appropriate.