

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

Version 7– July 2020

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. The plan, case notes, case summary, chronology and genogram, should be up to date. Case responsibility will not transfer until this is the case. However, delays in transfers from the Assessment Teams 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.

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 and the rationale clearly recorded on each child's file. CiN cases may be transferred to Early Help during the CiN review; where the MAT worker has attended and there is clear multiagency agreement; this should be recorded within the minutes of the meeting, as well as a separate case note with clear rationale.

Best practice for Transfers should always include direct communication between workers however this should not delay transfer.

Quality feedback

If a receiving manager has a concern about outstanding tasks or documents missing, they should feed this back to the sending manager. If there are concerns about the standard of work these need to be referred to the DHOS. Except for tasks or documents agreed above, there is no expectation that

the sending worker does further work on the case, and it would not be a reason for delaying transfer

Good Communication

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

The specific date of transfer should be clearly recorded on a case note by relinquishing manager.

Allocation of cases from VCM, CIC, IDCS will be allocated within 3 working days and LCS will be updated.

This transfer protocol sets out the broad parameters of case allocation and transfer however it is not completely exhaustive and there will be times when alternative arrangements are needed due to particular circumstances, usually this can be agreed at DHOS level however on occasions HOS may make a decision regarding allocation of a case outside the parameters of this policy.

Key –

Green = Assessment

Purple = Localities or Assessment

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	Assessments or reports	Process	Timing of transfer of responsibility
S20 Asylum Seeking Children	Initial Response Team	CIC	On identification	None	IRT to send to CIC Team Manager	Immediate allocation
Intensive – level 3	Assessment	Locality or IDCS	On completion of SA	SA Chronology, Genogram & VCM front sheet	Via VCM/IDCS allocation meeting Locality & IDCT to allocate worker and pick	3 working days from VCM/ IDCS allocation meeting
S20	Assessment	Locality Or IDCS	On completion of SA and at 1 st review at 28 days	SA Chronology, Genogram & VCM front sheet, informing of review date – worker to be named within 3 days and attend 1 st review case responsibility will transfer at date of review. 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 3 working days from VCM. Best practice, Joint visit and/or direct communication to take place between workers, providing it does not delay transfer.	3 working days from VCM/ IDCS allocation meeting
Homeless young people	IRT/assessment	Locality	Identified in IRT, allocated to Assessment SW in the interim. To be sent to the next VCM.	Housing Needs Assessment, SA plus LAC paperwork if S20 Chronology, Genogram	Via VCM as above for Locality of the family home address, or address on referral if no family in Derby. Locality & IDCS to allocate worker and pick up case within 3 working days from VCM	3 working days from VCM/ IDCS allocation meeting

Case	From	To	Timing of request	Assessments or reports	Process	Timing of transfer of responsibility
Child Protection	Assessment	Locality or IDCS	When conference is booked. Where the conference does not take place in timescale TM to discuss with receiving TM.	SA Chronology, Genogram & CP plan	Locality/ IDCS to be invited to Conference; allocated 3 working days from VCM/ allocation meeting.	At Conference
CRE	Assessment	Locality or IDCS	When conference is booked. Where the conference does not take place in timescale TM to discuss with receiving TM.	SA Chronology, Genogram & CP plan	Locality/ IDCS to be invited to Conference; allocated 3 working days from VCM/ allocation meeting.	At Conference
Proceedings	Assessment	Locality Or IDCS	Locality/IDCS TM to be invited to CCM. Transfer at 1st hearing	SA, chronology, genogram. Statement & Care plan. Urgent initial viability within 24 hours of placement, all the above to be completed by Reception.	By direct contact to Locality/IDCS to attend Gateway. Locality and Assessment worker & Manager to attend Gateway. Tasks to be allocated as agreed at Gateway. Best practice should include a joint visit providing it does not delay transfer.	From Initial Hearing
Unborn baby	IRT	Locality	If initial consideration shows likelihood of need for at least a SA, request transfer immediately no later than 24 weeks into pregnancy . See Pre Birth Protocol.	Early Help Assessment (EHA) or referral info only - no SA needed	Via VCM/IDCS allocation meeting Locality & IDCS to allocate worker and pick up case within 3 working days from VCM.	3 working days from VCM/ IDCS allocation meeting

Case	From	To	Timing of request	Assessments or reports	Process	Timing of transfer of responsibility
Intentionally Homeless Family or in a Refuge	Assessment	Locality	On completion of SA	Housing needs Ass't, SA Chronology, Genogram	Via VCM of Locality of last permanent address. Locality to allocate 3 working days from VCM/ IDCS allocation meeting	3 working days from VCM/ IDCS allocation meeting
S37 or S7 report on unknown or closed case	IRT	Locality	On receipt from Court or legal	Court order	IRT manager creates contact, completes VCM front sheet and sends to relevant VCM	Immediate
NRPF	IRT	Locality/ EH team	On arrival case to be joint worked	EHA or SA chronology genogram	Via VCM once SA is completed	Immediate joint work when family arrive
Relinquished Babies	Localities or Assessment	CiC, & CPT	Once assessment has established the mother's firm intent & lack of family option – no later than 24 weeks	EHA or SA Chronology, Genogram	To notify CPT, CIC TM, and DHOS. Best practice should include a joint visit with Locality worker involved within 2 weeks of allocation providing it does not delay transfer.	3 working days from VCM
S20	Locality	CiC or IDCS	3 weeks prior to 4 month review	SA, Chronology, Genogram LAC documents, proposed Permanence plan. Transfer checklist. Locality worker to complete review paperwork. Managers case note needs to be recorded on LCS by the DHOS as to why proceedings have not been progressed.	3 weeks prior to review date. CiC or IDCS to nominate a worker within 3 working days. Consider CiC worker attendance at review. CIC TM to discuss with IRO if CiC worker can't attend. Best practice should include a joint visit prior to the review, providing it does not delay transfer.	At review

Case	From	To	Timing of request	Assessments or reports	Process	Timing of transfer of Responsibility
Care Proceedings – Plan for long term care	Localities	CiC or IDCS	3 weeks prior to final hearing	Court paperwork, updated, LAC documents assessments – any completed as part transfer checklist	CiC or IDCS to nominate a worker within 3 days. Best practice should include a joint visit providing it does not delay transfer. Managers 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 as an observer only. If the child is only removed at final hearing discussion between Loc DHOS and CIC DHOS should take place to discuss timing of transfer as child may need to settle in placement.	Worker to feedback to child and family. Allocate 3 working days from when the final order has been made
Care proceedings – plan for adoption	Localities	CiC/CA PT	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. Loc worker to do all work associated with the Proceedings & LAC reviews. Workers to liaise over visits to child or family Loc worker to contribute to Life appreciation days	Joint work from ADM decision; assume full responsibility at Final Hearing with making of Placement Order
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	N/A children to stay with same Locality Social Worker until closure.		Locality to allocate within 1 week, CiN review booked, joint visit to take place prior to review	at CiN review

Case	From	To	Timing of request	Assessments or reports	Process	Timing of transfer of Responsibility
Placements with parents & supervision orders	Locality	Locality	N/A children to stay with same Locality Social Worker until closure.			
CiN	Locality	Locality	N/A children to stay with same Locality Social Worker until closure.			
CP or ACYP	Locality	Locality	N/A children to stay with same Locality Social Worker until closure.			
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		Via VCM. Locality to allocate within 1-week, joint visit to take place within 2 weeks.	2 weeks after VCM
Child in Need	Locality	External Authority	Notify other LA as soon as we are aware of the new address, at latest 3 or 4 weeks before review	SA	SA complete. Workers meet. Handover at review. Introductions to family.	At review where possible.
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.

Case	From	To	Timing of request	Assessments or reports	Process	Timing of transfer of responsibility
Level 2 MAT	Locality	External Authority	No timescale mapped out. Good practice should be 3 or 4 weeks before TAF	EHA	EHA complete. Refer to VCM. Workers meet. Introductions to family. Handover at TAF.	At TAF.
	Locality	Locality	No particular timescale mapped out. Good practice should be 3 or 4 weeks before TAF/ VCM.	EHA	EHA complete. Workers meet. Introductions to family. Handover at TAF.	TAF
	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.
Family Visitor (Children's Centre)	Locality	Locality	No particular timescale mapped out. Good practice should	EHA	Refer to VCM	
S20 and Care Order Prospective reunifications	CIC	LAC Exit	To be reviewed by the DHOS on a case by case basis.			

Case	From	To	Timing of request	Assessments or reports	Process	Timing of transfer of responsibility
Unborn baby of former Looked after child. (expectant mother or expectant father)	Leaving care service or locality	Locality	No later than 24 weeks in pregnancy Follow Pre-Birth Protocol	Chronologies Genogram Pre early help checklist	Via VCM. Locality & IDCS to allocate worker within 3 working days from VCM. Best practice should include a joint visit providing it does not delay transfer. Leaving Care to consult /discuss with their manager to consider immediate safeguarding. Leaving care manager to discuss with IRT Manager immediately.	Within 3 working days from VCM/ IDCS allocation meeting
Unborn baby of Looked after child in CiC	CiC	Locality	Not appropriate – CiC to keep if no safeguarding concerns If safeguarding concerns CiC DHOS to liaise with locality	SA	Following pre-birth protocol Via VCM. Locality & IDCS to allocate worker within 3 working days from VCM. Best practice should include a joint visit providing it does not delay transfer.	As soon as pre-birth assessment started
S20 rehabs COMPLEX CiN Care Order revocation	CiC or LAC exit	Localities	CiC to book complex CiN review no later than 12 weeks after they have returned home.	Updated SA, Chronology, Genogram CiN review report	Locality to allocate worker and pick up case within 3 working days. Best practice should include a joint visit providing it does not delay transfer.	At CiN review
Placement with Parent reunification breakdown	LAC Exit	CiC	3 weeks prior to first review	SA, Chronology, Genogram LAC documents detailing permanence plan	CiC to allocate asap and send new worker to 1 st LAC review	At review
Care Order, Placed with Parent – no immediate prospect of discharging the CO	LAC Exit or CiC	Localities	To be reviewed by the DHOS on a case by case basis.	Updated SA, Chronology, Genogram + LAC paperwork PWP agreement	Localities to allocate within 3 days and LAC review scheduled. Both workers to attend LAC review	At LAC review

Appendix 1.

Case Responsibility when there are both disabled children and non-disabled children in a family CPP / S.47s

1. Where the family is closed or not known

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

