

SOCIAL WORK CASE TRANSFER PROTOCOL

A. OVERARCHING PRINCIPLES

CHILD FOCUS

The primary consideration for case transfer is the requirement to ensure that the needs and best interests of the child/young person and their family are met. Where possible changes of allocated Social Worker due to transfer will be minimised.

NO DELAY

The transfer of cases will not cause delay to social work intervention with families.

FLEXIBILITY

The protocol outlined below must be used flexibly and with discretion between services in order to provide high quality services for children and their families, this will involve professional judgment, assessment, cooperation and effective communication between dedicated team managers and the teams they manage.

ONE SERVICE

Standards of service delivery across Operation Children's Services are the responsibility of all managers and staff. The successful transfer of cases from one team to another is dependent upon both the current case holder and the receiving case holder being aware of and adhering to expected standards.

It is the responsibility of both the current case holding Team Manager and the receiving Team Manager to ensure that case transfer protocol is adhered to.

IMPROVED PERFORMANCE

Assessments of all children, young people and their families should be evidence based and undertaken in a timely way. Children & young people receiving a service should have a SMART plan subject to their status i.e. Child in Need, child in need of protection or a Looked after Child.

CHILDREN WITH DISABILITIES

The Special Educational Needs and Disability Teams (CYPDT) will continue to receive referrals relating to children and young people with disabilities in accordance with the threshold and eligibility criteria.

If child protection concerns are identified which meet S47 criteria regarding a non disabled child in the family then the child protection issues must be addressed by a referral to the MASH for new cases and the Safeguarding and Assessment Teams for open cases. A S47 would be completed jointly by the CYPDT and Safeguarding Team.

If a child is allocated to an Occupational Therapist without a CYPDT social worker and child protection concerns are identified then a referral must be made to the MASH to decide on the appropriate action.

If child protection concerns are identified regarding a disabled child then the CYPDT social worker will undertake the child protection investigation in consultation with the appropriate team if there are non disabled children in the family. A S47 would be completed jointly by the CYPDT and Safeguarding

Team.

If child protection concerns arise as a result of the disabled child's challenging behaviour towards their non-disabled siblings then negotiation needs to take place between the team managers to agree appropriate action.

B. PROMOTING GOOD PRACTICE

1. A case will transfer between teams if a family residing in one part of Wiltshire moves to another area on a permanent basis and the case is open. However if there is a compelling reason that the case should remain with the holding team e.g. the case is near closure or the case is subject to complex care proceedings, or solid relationships have been formed with the child then the case should remain with the holding team. This must be negotiated between Team Managers as required.
2. Where a family moves to another part of the area on a temporary basis, case responsibility will remain with the holding team.
3. Team Managers have the responsibility to seek speedy resolution of any disputes. If disputes cannot be resolved then the relevant Head of Service should be informed for the appropriate decision to be made.
4. Casework responsibility will not be relinquished until the agreed handover date and should take place at a relevant point for example for CIN cases at a CIN review.
5. Children, young people and their carers, will be informed of the likelihood and rationale for a change of worker positively. Any social work practitioner concerns about the process, or transfer difficulties will be professionally managed and every effort made to ensure that the process does not impact negatively on the service users welfare.
6. Financial arrangements will be notified formally to receiving managers as part of the handover information.
7. It is the responsibility of the holding team to advise the service user/involved professionals of the transfer process and this will be confirmed in writing with clear contact details.

Families Living in More than One Area or across specialist service areas

If members of a family or group receive a service and live in different geographical areas the following must be agreed between Team Managers:

1. Clear definition of which areas of case responsibility are held by which Team Manager;
2. Clear lines of communication agreed for case planning;
3. Clear monitoring/supervision framework for all elements of the case;
4. Clear recording policy across teams.

C. POINTS OF TRANSFER

Outlined below is the guidance for points of transfer which most cases will follow. There may be occasions when for child centred practice, or service reasons, cases will be transferred outside these points, but the principle of **no delay and child focus** within a single service should underpin such diversions.

This document will be the basis for the case transfer process. The expectation is that the receiving manager will accept the case if the required transfer points have been reached.

The expectation is that all cases will be transferred on the agreed transfer date as agreed by Team Managers. It has been agreed that the holding team will update and action all necessary changes on Carefirst.

ROLE OF MASH

The MASH will process all new notifications regarding concerns about children and young people's welfare and will make an informed decision regarding the required outcomes/level of intervention.

Professional disagreements need to be escalated to the MASH Service Manager and then Head of Service as required.

Child Protection Cases

If MASH decides that the referral requires a Strategy Discussion then this will be arranged by the MASH and a Manager from the relevant Safeguarding and Assessment Team will be notified and invited to attend the Strategy Discussion.

If the situation progresses to S47 investigation then this will be completed by the relevant Safeguarding and Assessment Team.

Children in Need

Children in Need will be allocated within the Safeguarding and Assessment Service to undertake a Single Assessment and a Child in Need plan will be developed as required and practice standards followed.

Where a child is no longer the subject of a child protection plan the Safeguarding and Assessment Team will continue to work with the child and family for a period of at least 3 months. In some cases the family may not consent to ongoing intervention at CIN level in which case Team Manager's discretion can be applied to early stepdown. On other CIN cases at each review the decision will be taken to continue with ongoing intervention via the child in need plan or a step down to Tier 2 services or to close the case.

Where it is assessed that there is no ongoing intervention needed from a Social Care team but there are outstanding needs, CAF Co-ordinators should be invited to the final Child in Need review to facilitate a smooth transition to Level 2 services.

Invoking Powers of Police Protection

If a child/young person is made subject to a Powers of Police Protection and the case is unallocated then MASH will chair a Strategy meeting inviting the relevant Safeguarding and

Assessment Team to undertake an assessment in order to inform future intervention .If the case is already allocated then the team with the case holding responsibility will hold the strategy meeting and undertake further assessment.

Transfer in Child Protection Cases

Children subject to Child Protection Plans who move into Wiltshire from another local authority will be allocated within the Safeguarding and Assessment Service. If the child has a disability which meets the CYPDT threshold then the case will transfer to CYPDT .However, if there are non-disabled siblings, negotiation and agreement needs to take place between CYPDT and the relevant Safeguarding and Assessment Team regarding allocation.

Unborn Babies

The referral will be made into MASH as per other cases and the Safeguarding and Assessment Service will undertake Single Assessments in relation to any concerns raised regarding unborn babies. If the unborn baby is a sibling of an open case, it is the responsibility of the safeguarding and Assessment team to open the new referral on the unborn baby.

EDS

Cases coming to the attention of the Emergency Duty Service will continue to be checked against Carefirst for current team allocation and where allocated information will be passed to the case holding team. Where EDS provide an out of hours response to a child or young person not currently active to a team then information will be passed to the MASH to decide on future intervention.

Care Proceedings

Where care proceedings are instigated by the Safeguarding and Assessment Team they will retain case responsibility until the conclusion of the proceedings or when the Care Plan has been ratified by the Court for a child to be permanently looked after i.e. Care Order/long term fostering then the case will transfer to Children in Care Team.

As per the social work standards the case will require an assessment completed within the last 12 months and the Case Summary Form (Appendix A)

Where the Care Plan as ratified by the Court is for Adoption, the case will remain in the Safeguarding and Assessment Team to the conclusion of the adoption process. This takes into account complexity and continuity issues for children and young people.

Supervision Orders / Child Arrangement Orders

Children & young people subject of Supervision Orders will remain in the Safeguarding and Assessment Teams. Children and young people assessed as being in need of ongoing support and who are subject of Child Arrangement Orders will be held in the Safeguarding and Assessment Teams until an appropriate time for closure.

Special Guardianship Orders

These cases will be held by the Adoption Team post order subject to review. Adoption Support will complete the SGO support plan with the Safeguarding and Assessment Team.

Where a child is subject to a SGO and Supervision Order then there will joint working arrangements between the Adoption Team and the case holding Safeguarding and Assessment team negotiated by Team Managers.

Step Parent Adoptions

These cases will be case held by the Adoption Team who will complete a Single Assessment at the beginning of this process.

Relinquished Babies

These will be referred through MASH if not already active and then transferred immediately to the relevant Children In Care team.

Where the mother is already allocated to a social worker then discussions regarding the appropriate timing of transfer of the baby to the CIC team should take place between managers pre-birth.

Section 7 and S37 Reports

Referrals on closed cases for a S7/S37 report will come via MASH. Negotiation with CAFCASS should take place at an early stage to ensure that CAFCASS complete these reports unless significant safeguarding issues are identified. Any agreed S7/S37 report request will be allocated to the Safeguarding and Assessment Service

Private Fostering

Private fostering cases will be assessed within the Safeguarding and Assessment Service if it is identified as CP or CIN it will remain in this service. If not or at step down to Tier 2, the case will transfer to the Private Fostering worker in the fostering service.

Children in Care S20

Safeguarding and Assessment Teams will retain case responsibility for newly accommodated children.

If at the second Looked After Children's review (LAC review) and no later than 5 months following accommodation, there has not been progress to enable a return home or move to other relatives then the case will transfer to the Children in Care team unless reunification is planned in the next 3 months.

If a child is accommodated and subsequently care proceedings are initiated then the Safeguarding and Assessment Teams will retain case responsibility until the conclusion of the proceedings

Unaccompanied asylum seeking children will be age assessed if necessary and placed in accommodation by the Children in Care Team. Inter country adoption cases will be transferred upon notification to the Children in Care Teams.

Re-referrals

Re-referrals will be received in the MASH to make an informed decision about the need for a Single Assessment and to make a judgment as to the appropriateness of a transfer to the Safeguarding and Assessment Team with prior involvement.

If a case has been closed and there is a re-referral within 12 weeks which needs social care intervention then the last case holding team resumes case responsibility and will re-assess the situation. If the family has moved area, the case will transfer to the relevant Safeguarding and Assessment Team.

Post Adoption Contact

All post adoption contact both direct and indirect will be managed by the post adoption service.

Homeless Teenagers

A Single Assessment undertaken with Housing will be completed by the Safeguarding and Assessment Team. If S.20 is required the case will be treated as above.

D. Children in Care

CIC will retain responsibility for a case if the plan is for reunification until such time as the case can be stepped down to Tier 2 service.

If a child is discharged from s20 Voluntary Accommodation or a Care Order is discharged then the CIC Team will remain involved until the case can be stepped down to Tier 2 services.

Personal Advisers to looked after young people 16+yrs (defined as eligible in leaving care legislation) will be allocated in the Children in Care Teams or when cases remain in the CSATS. If a case is held within Safeguarding and Assessment teams the CIC teams will identify allocation of PA three months prior to their sixteenth birthday.

Young People Remanded into Care

If the young person has not been open to the Safeguarding and Assessment Service at the point of being remanded, CIC teams will assume immediate responsibility and joint work with YOT. If the case is open it will be joint worked between the Safeguarding and assessment team and YOT.

E. Case Transfer Process

1. The case is identified for transfer based on this Transfer Protocol.
2. TM/ ATM from CIC Teams are invited to attend care planning meetings/permanence planning meetings where the Care Plan is likely to be Long-term accommodation/care and are consulted / have the opportunity to influence the long term care plan including proposed contact arrangements. Receiving Team Manager (RTM) to counter-sign the final court care plan.
3. Holding Team Manager (HTM) will audit the case to ensure its readiness for transfer. It is expected that assessments will be completed, recording is up to date and an up to date chronology is recorded in Care Docs.
4. HTM will close down any outstanding assessment/activities on Carefirst
5. In Supervision the Holding SW will be asked to complete a transfer summary (Appendix A) and this will be sent to the RTM and date this is sent recorded on Carefirst. Transfer Summary to be saved in Care Docs.
6. If there is any outstanding work that needs to be handed over to be agreed as an exception by the HTM and RTM.
7. The RTM and HTM will agree transfer timescale and record this on Care First. This date must be based firstly on the best interests of the child and secondly on a date that meets the logistics and needs of the Social Work teams. Instability of placement is not a reason not to transfer, lack of identification of long-term placement is not a reason i.e. disruption. The no delay principle should be applied and transfer should where possible be within timescale of 2nd review unless proceedings are ongoing. There will be an agreement that if a panel request, linked to a placement move is required,

the RSW and HSW will joint work.

8. RTM will identify SW to be allocated SW and then informs HTM.
9. Once a named SW is identified the child & family will be informed (waiting for a named SW is likely to be more stressful for the child and family). Professional judgment is required to minimise the impact on the child and family.
10. A standard letter goes from current SW team to all professionals in the case (templates for all changes to a child's circumstances e.g. change of SW, change of placement).
11. HSW contacts RSW to arrange a pre meet and joint visit to the child.
12. RSW has the responsibility of liaising with the professionals involved with that child.
13. Receiving team administrators to change allocation on Carefirst.

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