



Department for Children, Adults and Health

Workflow and Transfer process

Protocol for Case Responsibility and Workflow within Children's Social Care Services

1. Introduction

- 1.1. The organisational structure of social care services needs to take into account three factors: the purpose and function of each team, the workflow between those teams and the numbers of staff allocated to each team. This document sets out the purpose and function of each social care team and the work flow between those teams.
- 1.2. The process for the transfer of children from Access/MASH Team, the Response Teams, Locality Teams, 0-25 Team and Children in Care Team only provides a general framework as to how children should be transferred. Consequently the smooth transfer of any child is necessarily dependent upon good communication between the relevant managers and social workers. This should be carried out within a culture of mutual trust and support. At the centre of any decision regarding case holding responsibility must be what is in the best interest of the child.
- 1.3. Experience has shown us that any procedure cannot account for all eventualities and there are inevitably times when exceptional or unusual circumstances require managers to discuss and compromise. The timescales within this process are intended to support the overall aspiration of achieving the best outcomes for service users.

2. Principles

- 2.1. The work flow process should limit the number of 'hand-offs' - changes in allocated social worker to ensure less disruption in the child's journey through our services. Changes should occur at logical points within the social work business process. It is assumed that, for these purposes, services will be provided by teams designated as follows:
 - Access/MASH Team – Contact and Referrals
 - Response Teams – Child in Need assessments, Child Protection Enquiries, Child in Need Plans (where assessment has identified that a short period of support – up to 6 weeks – is likely to support positive outcomes) and s7/s37 reports (where the child has not been open to any other team within the preceding 12 months)
 - Locality Teams – Children in Need, Child Protection, PLO and Care Proceedings

- Looked After Children
 - Transition To Independence Service
 - 0-25 service – disabled children
- 2.2. All decisions in relation to transfers should be made within the principle that a child must receive a service from the most appropriate team to meet their needs. If in doing so this places pressure on that teams resources, it is for the Senior Leadership Team to decide how best to support that team.

3. Management of transferring children

- 3.1. A rolling transfer list is kept on the shared network drive (K drive) and is accessible to all team managers and senior social workers. Children's names will be added to this list throughout the week, by the manager/senior who has identified that the appropriate threshold for transfer has been met, the status column must be set to "Pending". This will generally be at the time that the child's assessment has been signed off, in which case the manager's comments on the assessment should reflect this decision, in all other cases a case note should be added to the child's Mosaic file. By 4:30pm on Thursday all managers/seniors who have added names to the list must email all managers for the teams that they are wishing to transfer children to confirming that the list has been updated. By 11:00am on Tuesday, all receiving managers must identify a worker, to whom the child can be allocated, and add their name to the list. An email must be sent to the transferring manager to confirm these details.
- 3.2. It is an expectation that the decision of the transferring manager correctly identifies threshold and that this will be respected by the receiving manager. Where this is disputed by the receiving manager it is their responsibility to record a defensible decision on the child's Mosaic case file and appropriately notify the child and family. Additionally the Mosaic workflow must be correctly closed off. As a courtesy, the transferring manager should be notified, and a case discussion facilitated if appropriate. Where the receiving manager considers that there is a significant practice concern they should discuss this with their Service Manager within the context of South Gloucestershire's Escalation Policy.
- 3.3. Children should transfer between workers at an appropriate meeting, which will normally be a Child in Need Meeting, an Initial Child Protection Conference, a Looked After Child Review or a Court Hearing. The timing of each of these, except for the Child in Need Meeting, is set outside of the control of the allocated social worker, and with the Child in Need Meeting the arranging of these should commence immediately that threshold is established (normally at the point that the assessment is signed off) therefore it is not always possible to consider the availability of the receiving social worker, nevertheless the date should be notified to the receiving manager as soon as it is known, and recorded on the transfer list. As such the receiving manager should ensure that the child is allocated to a worker who is able to attend the meeting. In exceptional circumstances a duty worker, or the manager themselves, should attend, but this does not represent child focus practice, and should be avoided

where possible. Under no circumstances should a transfer be delayed because of the receiving team's availability to attend the meeting.

- 3.4. All transfers should be guided by the principle of providing a service that best supports the most positive outcomes for a child.
- 3.5. The clear exchange of information is crucial to the successful hand over of a case from one team to the next. This should include a full social history including children's services involvement, to put the current issues into context, a clear pen picture of the child and their needs, a clear understanding of parenting ability and a clear analysis and risk assessment of the information. Before transfer the following work should have been completed:
 - Basic details in ICS Person details needs to be up to date and complete
 - An outline plan for the work that is needed
 - Up to date chronology
 - An up to date genogram
 - Appropriately completed Single assessment
 - Up to date case recording
 - Decision and Action record from manager
 - Transfer Summary indicating significant dates and any outstanding tasks
 - Letters to inform Professionals and Parents about transfers of cases
- 3.6. It is the responsibility of the receiving team to amend the child's Mosaic case file relating to the allocated social worker and team. The appropriate column of the transfer list should be amended to "Transferred". These actions should be completed by the end of the working day on the day of transfer.
- 3.7. Any scenarios not covered within these procedures should be brought to the attention of the transferring and receiving Service Managers, who will negotiate an appropriate, child focuses solution.

4. Contact, Referral and Assessment

- 4.1. The purpose of the Access Team is to act as the front door service for all of integrated services. The function is to receive and screen all initial contacts from professionals or public who are requesting a service. The team may make enquiries to determine the threshold of the contact and which service would be most appropriate for the child and family; this could include signposting, referring to tier 2 preventative services, making a referral to social care or providing advice regarding the SAFeh process.
- 4.2. The interface between Access and Response is critical to ensure that an initial response is provided to children in a timely way, however to ensure that decision making is not influenced by resourcing issues it is essential that the following key principles are adhered to.
 - Access (including MASH) establish threshold.

- Response consider how to respond.
 - Once a threshold decision has been made by Access/MASH Response cannot reverse this, except in exceptional circumstances agreed with the ART Service Manager.
- 4.3. Access need to be robust in gathering sufficient information to make a threshold decision. This should include a recommendation for s17 or s47, but if it is the latter, this should be considered within the context of immediate risk or actual harm. The Access/MASH manager is ultimately responsible for making this decision, and **must not** consult the Duty manager for advice (as doing so compromises impartiality). Once the child has been sent to Response the duty manager then decides on an appropriate action plan.
 - 4.4. Any contact meeting the social care threshold will be referred to one of the Response Teams for assessment and/or a strategy discussion. The Response Team will undertake a section 47 or section 17 single assessment, setting the timescale locally according to risk and need. Work will then progress as follows:
 - 4.5. Any child assessed as requiring a service within a Child in Need framework will ordinarily transfer to a Locality Team. However where it is anticipated that a short term (up to six weeks) period of Child in Need support will facilitate positive outcomes for the child, the plan will be undertaken by the assessing social worker from Response. At the initial Child in Need Meeting a review date should be set for six weeks forward, and the Response manager will review the progress of the plan a week before this. Where it is considered that the plan has not been effective, the child should be added to the transfer list, and the receiving manager immediately notified that they will need to facilitate a worker to attend the review so as to transfer the child to that worker.
 - 4.6. The Response manager will review all s47 enquiries by the 5th working day after the Strategy Discussion. This review will be recorded in a case note on the child's Mosaic file, and if an appropriate threshold is met, an Initial Child Protection Conference will be immediately requested. The child should be immediately added to the transfer list, and the receiving manager notified of the date. If the initial case conference does not determine that a protection plan is required, consideration will be given to the need for a Child in need plan and the case will transfer to the locality SW from Conference.
 - 4.7. The Locality Team will always provide an allocated social worker or manager to attend Initial Child Protection Conferences and the transfer of a child between workers should be completed at this time.
 - 4.8. Where children are not subject to a Child Protection Plan but there is the need for a Child in Need Plan the case will transfer to the Locality Team.
 - 4.9. Where a child is open to a Response social worker, and threshold is reached for issuing proceedings that worker will prepare the issuing Statement, Care plan and chronology. The Response social worker will complete the relevant LAC paperwork and initial tasks.

5. Cases transferring in from another Local Authority

- 5.1. Children in Care proceedings, where a request has been made for South Gloucestershire Council to be joined to proceedings, will go straight to the locality team, and in some circumstances the Looked After Children's Team depending on the proposed care and permanence plan for the child and South Gloucestershire's role in the proceedings. This will be a Service manager decision on a case by case basis.
- 5.2. Cases where children are subject of Child Protection Plans to another local authority, which are to be transferred into South Gloucestershire Council, will be screened by the Access Team. The Access Team will ensure that relevant reports, documentation and assessments are provided by the transferring Local Authority, and that they are to the required standard. The Access team will ensure the family have a permanent home address in South Gloucestershire and will coordinate the initial Conference with the CQRU. No transfer in conference will be agreed without an appropriate assessment/case conference report from the transferring authority. These cases will then transfer to the relevant Locality team at the Transfer in Child Protection Conference.

6. Disabled Children

- 6.1. The 0-25 Duty worker will co-locate with Access Triage from 9-9.30am on a Monday, Wednesday and Friday in Badminton road offices. This will enable appropriate eligibility discussions between the two services to be held, and will also enable broader discussions, to facilitate signposting, on disability cases that would not otherwise meet the 0-25 eligibility criteria.
- 6.2. Where the 0-25 eligibility criteria is met, a 0-25 social worker will complete a single assessment. If a child does not meet the 0-25 eligibility criteria for assessment, Access will allocate for an assessment where the threshold for a Child in Need assessment under section 17 has been met.
- 6.3. Where 0-25 assess and decide that a specialist disability service is required, that service will ordinarily come from the 0-25 service. Where the 0-25 social care team assess and consider that a child does not meet their criteria, but otherwise needs a preventative or locality social care service, the case will not be re-referred to Access, but stepped down or across to the appropriate Preventative or Locality Team.
- 6.4. In respect of the **management of new referrals and child protection work** for Children in Need (Health and Disabilities) – where, following receipt of a contact, it is identified that a child has a significant and ongoing health condition or disability, a referral will be made to the 0-25 Team for the completion of the single assessment and provision of services. Where there are also child protection concerns, then the Strategy discussion and S47 investigations on all the children in the family will be undertaken by the relevant locality/Response Team with full case responsibility transferring to 0-25 team at the Child protection Conference

or Child in Need meeting following the completion of the single assessment, only where there is a single disabled child in the family. Where there are non-disabled siblings in the family and the risks are primarily regarding parenting capacity, all the children's cases will remain held within the Locality social work team. During the course of the child protection enquiries, 0-25 staff will provide advice in respect of disabilities issues including, if appropriate, undertaking the assessment jointly.

- 6.5. Children with disabilities not defined as 'severe' who are allocated within the Locality social care team:
 - Concerns of a Child Protection nature will be investigated and managed by the allocated social worker in the locality team;
 - Consultation, advice and support specifically in relation to the child's disability, can and should be sought through the 0 - 25 Service duty system.
- 6.6. With regards to managing child protection referrals relating to children whose cases are already held in the 0-25 children's social care team, the following guidance applies if there is reasonable cause to suspect significant harm to a child, or the sibling of a child open to the 0-25 team, the 0-25 team will complete a Strategy discussion for *all* the children in the family (if non-disabled children are not open to a social worker, Access will open these children on Mosaic). If section 47 enquiries are initiated, the section 47 needs to be completed by the 0-25 SW on *all* the children in the family. Once the section 47 is completed, there are a number of options.
- 6.7. If *all* the children's cases move to Initial Child Protection Conference become subject of a CP plan the child should transfer to the locality team *if the risks are primarily regarding parenting capacity*. If the Locality team case hold the child, a 0-25 social worker will provide specialist disability advice/guidance/support regarding the disabled child to the locality social worker and the family. *If the risk to the children is not related to parenting capacity* the disabled child will remain in 0-25 and the other children on CP plans will transfer to a locality SW service. The social workers will need to coordinate one core group and CP plan that takes into account all of the children's needs. The social workers should also coordinate their visits, to include some joint visiting, so that support for the family is seamless and coordinated.
- 6.8. In the event that only the disabled child is taken to Initial Child Protection Conference made subject of a CP plan the child will remain in the 0-25 team.
- 6.9. If the sect 47 outcome is that *only* the disabled child is a Child in need, the child will remain open to 0-25 and the other children's cases will be closed.
- 6.10. If the sect 47 outcome is that *all* the children are in need (CIN), the disabled child will remain in 0-25 and the other children will transfer to either locality SW service as CIN or Preventative services (FYPS)

depending on the threshold. The social workers will need to coordinate one CIN review/plan of support for the family that takes into account all of the children's needs. The social workers should also coordinate their visits, to include some joint visiting, so that support for the family is seamless and coordinated.

6.11. Case management of 'Looked After' young people with disabilities:

- If the young person has been placed by the 0 - 25 Service (Social Care) and continues to be eligible, the child will remain within the 0 - 25 Service (Social Care);
- If the young person has been case held by a Locality social care team by virtue of becoming LAC due to abuse/neglect or parenting issues, the child remains with that Team until transfer to the LAC team;
- If a young person is looked after and case held in the 0-25 social care team but the primary reason for being looked after ceases to be their disability, the child will transfer to the LAC team (i.e. if for example mental health or CSE/missing becomes the primary reason for their being accommodated).

6.12. Whether a child remains with the 0-25 service or transfers to the Transition to Independence Service (TTI) needs to be discussed on a child by child basis. It could be in the YP's best interests for the 18 - 25 social care team to become the allocated team until the cessation of any EHCP or SEN Statement, however it is a statutory responsibility for the TTI service to allocate a PA from their team. If the child is to remain in the 0-25 service, the child will transfer to the 18-25 team at the age of 18 and there will be a transition period prior to this. The TTI service will provide the necessary support to ensure that they are providing the young person with their entitlements under the leaving care legislation, i.e. Pathway Planning and regular contacts. If the child is held within the TTI team, the 18-25 team will provide the necessary support and guidance regarding any disability issues.

6.13. If a Looked After young person's EHCP or SEN statement lapses and they no longer have one, the child will then either be transferred to the LAC team if they are aged under 18, or to the TTI service if they are aged over 18.

7. Looked After Children

7.1. The purpose of the Looked After Children's Team will be to implement the care plans for looked after children, and improve outcomes for children who have a ratified care plan or long term care or a ratified care plan of permanence outside their parental care. The Looked After Children's team will not undertake proceedings or hold children subject to child protection plans, or young people for whom their care plan is rehabilitation unless this is required for a young person for whom there is already full case holding responsibility within the team. The vision within this service is to ensure that the needs of children in long term

care are prioritised and resources targeted to improve their current and future outcomes.

- 7.2. Transition To Independence Service – the transition to independence Service will be responsible for providing support for young people leaving care when they cease to be subject to the statutory requirements of Section 20 / Section 31. The Leaving care service will be responsible for the production of a Pathway Plan for each young person following the statutory review that occurs prior to their 16th birthday.
- 7.3. If Following the completion of a single assessment by the Response social worker, if it is determined that a child should be accommodated (S20, Children Act 1989), then case responsibility should transfer to the Locality Team following the first statutory LAC review, unless there is a clear plan of permanence outside of parental care. If at the second LAC review it is viewed that the child will need a permanence solution outside of their parental care then the child should be transferred to LAC team. If the child returns home before the first review and ongoing Social Work input is required then the child remains in the Locality teams. There will be some situations (e.g. children seeking asylum) where it is clear, from the 1st review, that a permanence plan outside of the family is needed and these children will move directly to the LAC team from ART.
- 7.4. Upon a child being accommodated, the Response Social worker will convene the initial placement planning meeting within 5 days. The Response social worker will notify the QARU to request a 1st LAC Review and will notify the Looked After Children's Team of the 1st LAC Review date as soon as it is provided.
- 7.5. In the case of LAC, all of the LAC paperwork must be on the file in addition to the standard documentation required on all files for transfer (at 2.6).
- 7.6. In the case of babies (including unborn) where mothers are wishing to relinquish their children for adoption on a voluntary basis the child should be transferred to the Adoption Team or the Looked After Children's Team on completion of an assessment and following the initial LAC review, completed by the Response Team.
- 7.7. In the case of children who are subject to a full Care Order where they are placed at home with parents (subject to the Placement of Children with Parents Regulations) it will be the Locality team's responsibility to complete Care proceedings. If a child is placed at home with parents under a Care order and the child is held within the locality team, case responsibility will remain with this team. It would generally be expected that there would be an active plan to ensure the order is discharged at the earliest possible point and each Statutory Review should document planning for this.
- 7.8. Children and young people who are remanded in to the care of the local authority will be transferred to the locality or Looked After Children's team depending on their care plan for permanence.

- 7.9. Homeless young people aged 16 and 17 will be assessed by the Response team and the Homeless 16/17 protocol will be followed. If a young person becomes section 20 accommodated, these children will transfer to the Transition to Independence Service directly following the initial LAC review, if the plan is for a substitute permanent care arrangement, including independent living (ratified at permanence panel). Partial completion of the Pathway plan would be expected before transfer, as this is a working document which would ordinarily take longer than 4-6 weeks to complete.
- 7.10. If following the receipt of the notification of a private fostering arrangement the Response Team will complete the single assessment before case responsibility is passed to the Children in Care Team to complete the private fostering assessment in conjunction with the Family Placement Team.
- 7.11. Where a child who has been subject to a child in need plan / protection plan becomes accommodated, then the Locality Teams will retain case holding responsibility. Looked after children will only transfer to the Looked After Children's team where there is a clear care plan for permanence outside of parental care. In the event of a child being voluntarily accommodated, where the care plan is long term care, there will need to be a clear rationale for the legal status remaining section 20, legal agreement and a signed parental consent form for the section 20 arrangement.
- 7.12. Where a child becomes subject to care proceedings, case responsibility will remain with the locality team until the final hearing in those proceedings. At the point of the second LAC review, a social worker from the children in care team will co-work the child. They will complete all statutory LAC functions, the locality social worker will complete the care proceedings and retain daily case management and decision making responsibility.
- 7.13. Similarly the Adoption and Fostering Team will allocate a SW following the second LAC review where adoption becomes one of the twin track plans. The adoption social worker will complete the Child Permanence Report (CPR) in preparation for the transfer of case responsibility at final hearing. This Adoption and fostering social worker will also complete the life story work for the child and the Later in Life letters. Following the final hearing, the Locality Team will remain the responsible team if a Supervision order has been made, or the Looked After Children's team if it is a Care order.
- 7.14. Should a child be placed with parents whilst subject to a full Care order, the locality team will remain responsible for that child until the expiry of that order. Where a child is rehabilitated to the care of their parents then a Child in need plan will be formulated and agreed by the locality team.
- 7.15. Where a child is made subject to a Supervision Order following the completion of care proceedings, the Team who completed the Care proceedings will retain responsibility for the monitoring of that Supervision Order.

8. Conclusion

- 8.1. The success of any transfer protocol, indeed any organization, is absolutely dependent upon clear communication between professionals. It is hoped that by holding regular transfer meetings or conference calls and increasing the level of communication between all of the teams, this will assist in alleviating some of the pressures facing all teams and improve outcomes for service users.

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