



Transfer Protocol for Cases Transferring between Children and Young People Services Teams, Early Help Service and Pathways Service

1. Introduction

The general aim of the transfer protocol is for cases to move swiftly to the team best equipped to deal with them keeping the welfare of the child at the center of any intervention.

As a rule, the MAST (Multi-Agency Screening Team) provides advice to referrers and has responsibility for making decisions about whether a case meets the criteria for Children and Young People Services involvement. The referral is usually reviewed and outcomed within 24 hours. However, if the final decision is not made within 24 hours timescale for whatever reason, a management oversight is inputted providing a clear rationale for this.

The function of the CAT (Children's Assessment Team) is to provide crisis and initial support to new cases and undertake high quality assessments to determine whether medium to longer term social work intervention is required.

The function of all other teams is to undertake on-going work with children and families requiring medium to longer term intervention, including Children in Need, those subject to Child Protection Plans and Children Looked After.

The principles underlying all case transfers are:

- **No delay**

The transfer process should not cause delay or interruption to social work intervention with families.

- **Flexibility**

The protocol outlined below must be used flexibly and with discretion between team managers. The needs of the child, families and good practice consideration should always take precedence.

- **Minimum change for families**

Families should experience as few transitions between teams as possible. Wherever it is reasonable to do so, and does not heighten risk, one team should provide continuity of service for the whole family.

- **Continuity of approach**

The transfer process should cause as little disruption as possible to children and families and they should feel that there is a similar understanding and approach to addressing their needs from the originating and the receiving team.

- **Sensitivity and clear communication with families**

Families should be kept fully informed of plans and arrangements for transfer should, wherever possible, be personally introduced to a member of the receiving team by a member of the originating team.

2. Procedures and Responsibilities

Outlined below is the guidance for points of transfer which most children will follow. There is likely to be occasions when children and families will be transferred outside these points but the principle of **no delay** and **child focus** should always underlie such diversions. Transfers should be seen as a process rather than a single event and it is expected that there will be flexibility in arrangements to meet the needs of the individual family.

The expectation is that children will be transferred within as short a timeframe as possible following the request to transfer. All cases identified for transfer will be inputted on case transfer list no later than Thursday 12:00pm and will be discussed at the Transfer Meeting on the following Tuesday. Such meetings should not be used for gate keeping purposes or cause delay.

Once a receiving team/worker has been identified at the Transfer Meeting the team manager in the originating service and the team manager in the receiving service should agree the exact point at which the case responsibility will move from one team to the other and the process that will be followed. The originating team remains responsible for the child, interventions and support until the transfer has occurred on CASS.

Whenever possible a joint visit to the family should be undertaken by a member of the originating team and the receiving team so that the family receives a personal introduction to at least one member of the team that will be supporting them in the future.

Professionals in other agencies who are involved with the child and their family must be informed of transfers of case responsibility without delay. In vast majority of the cases the point of transfer will be at or following a multi-agency meeting:

- Initial Team Around Child (TAC) meeting;
- Initial Child in Need (CIN) meeting;
- Initial Child Protection Conference (ICPC);
- Initial Child Looked After (CLA) review;
- Initial PLO review;
- Initial Court Hearing.

An initial TAC/CIN meeting and CLA review will be arranged by a member of the originating team who will invite all relevant parties to attend the meeting. Members of both the originating and receiving team will attend. It is the responsibility of a member from receiving team to take the minutes, develop multi-agency plan and distribute those to all relevant parties. If the allocated worker from the receiving team is unable to attend for

whatever reason it is the responsibility of practice manager/team manager to identify a duty worker from their team to attend on their behalf. This will provide an opportunity for other members of the multiagency support network for the family to meet at least one member of the receiving team. Such meetings should also provide reassurance to both family members and other professionals of the continuity of approach and understanding between the originating and receiving team.

3. Transfer Process between MAST and CAT/Locality Teams

Once a decision has been made that a case meets the criteria for Children and Young People Services intervention, a case should be transferred from the MAST to CAT as soon as possible and no longer than 24 hours timescale. This is generally after the referral has been completed or in cases where there are concerns about Significant Harm, after the Strategy Discussion/Meeting has been completed.

If any child protection concerns are identified or immediate actions is required, there should always be a discussion with the relevant team manager or practice manager within the team receiving the referral. All other cases will be allocated to the relevant team inbox and emails sent to the relevant managers and administration.

The exception applies in the following cases:

- **Private Fostering Assessment** - If the referral is clear this is requested, and checks with the referrer establish child is living with a non-relative, the referral can be passed immediately to relevant locality team.

Should an initial visit by CAT establish that there is a Private Fostering arrangement in place, CAT will collect initial details and complete the chronology, and then complete a transfer request. A joint visit will not be required as the family will be advised that a Single Assessment and Private Fostering Assessment will be completed by the relevant locality team;

- In the case of a **Section 7 or a Section 37 request** on a closed case either to locality or CAT, MAST will at the outset establish and, where appropriate, challenge whether this is an appropriate request to Children and Young People Services. This may mean that a case is allocated to a member of staff in the MAST to undertake this task. Once the need for a report has been established, the referral will pass immediately to the relevant locality team;
- **Step-parent adoptions** will be transferred immediately at the referral stage to the relevant locality team;
- **Non-Agency Adoptions** will be passed to One Adoption West Yorkshire at the Referral stage;
- **Incoming Child Protection Conference requests** from other local authorities will be transferred immediately at the referral stage to the relevant locality team;
- **Incoming Child in Need Requests** from other local authorities will be transferred immediately at the referral stage from MAST to the relevant locality team.

When a new case is referred and a sibling or other child in the same household already has an allocated worker the case will transfer to that team. This will not apply to cases where the child is a Child Looked After and the court proceedings have been concluded.

The 3 month rule applies on all cases that have closed within this period of time and will be allocated to the relevant pod/team. This applies to cases even when the presenting reason is different to the previous involvement or the previous worker is not available for re-allocation. The continuity this offers children and families is beneficial in on-going working relationships with assessments being updated and the previous worker/manager already having knowledge of the family background.

4. Transfer Process between CAT and Locality / CLA Teams

The Pre-Birth Assessment and Intervention: Policy and Guidance (July 2021) sets out the guiding principles and practice. Also included is a flow chart to support the guidance.

The guiding principles include;

- Local Authorities should be actively supporting and working with families at the earliest possible stage to allow for meaningful change;
- Support should be provided alongside the assessment. The pre-birth assessment is a continual process and should evidence parents progress, or lack of;
- Legal advice to be given to parents at the earliest opportunity;
- Families should be aware of planning/major decisions by about 35 weeks of pregnancy;

The allocation of the pre-birth assessment should consider if another social worker in the authority has a recent and meaningful relationship with the parents (within last 12 months). This ensures previous history and potential progress is captured and avoids the ‘start again syndrome’. This also supports the reunification policy if brothers and/or sisters are already looked after by the Local Authority.

Where brothers and/or sisters are already open to the locality child protection team or CLA team the pre-birth assessment should be allocated in that team where there is a meaningful relationship with the parent

Pre-birth referrals are to be made to the Local Authority as soon as possible. There is no necessity to wait until 12 weeks.

The pre-birth single assessment is to commence immediately and be completed within a maximum of 8 weeks alongside the start of a period of initial intervention to support the parents reducing risks and recognising and meeting needs.

Upon completion of the pre-birth single assessment and initial period of intervention the CAT will identify the most appropriate team for the case to transfer to.

Within the period of the pre birth assessment and intervention it may be decided that the continuing assessment and intervention through the anti natal period should be within Pre proceedings (PLO) this decision should not be delayed, but when considering transfer:

The case should be presented to ICPC **no later** than 20 weeks of pregnancy (unless late presentation in pregnancy) – receiving team to attend as per usual transfer arrangements.

The case should be presented to a Gateway Panel **no later** than 21 weeks of pregnancy (unless late presentation in pregnancy) – receiving team to attend.

All case transfers will be discussed at the weekly transfer meeting. All work presented to the transfer meeting must have been quality assured by the manager requesting transfer prior to the meeting. Practice manager must ensure that all necessary work is completed prior to case being inputted on the transfer list including the Single Assessment, chronology and self-audit. Practice managers must also ensure that the multi-agency meeting is arranged in advance thus giving, at least, 7 days notice to receiving team from the Transfer Panel.

Where a Section 47 case is moving to the Initial Child Protection Conference (ICPC), the case is transferred at the ICPC. At the point of CAT receiving the date for the ICPC, the relevant locality practice manager/team manager will also be invited. CAT will ensure that the Single Assessment is completed and shared with the child/young person (where appropriate) and parents/carers at least 5 days prior to the ICPC. For ICPC's the Single Assessment must be shared with the Safeguarding Admin Team no later than 3 days prior to ICPC.

A locality team representative will attend the conference. If a social worker is not available then an advanced practitioner, practice manager or team manager will attend, unless a different arrangement has been negotiated between the team managers.

The case will transfer at this point whether the outcome is CP or CIN and the locality team will be responsible for the Core Group and any further tasks.

The decision on whether a joint visit is appropriate will be dependent on how long the case has been open. However, if the decision to conference has been at the conclusion of the Single Assessment then a joint visit would be good practice unless the children are under 3 years. Should both parents not attend the conference, arrangements will be made to visit the family jointly within 3 days. There is a potential that some cases may not be ready for transfer on the day of conference. If this is the case the relevant locality team will inform both service managers/CAT team manager and there will be a clear plan with that worker that whatever the outstanding task is will be completed within 2 days.

In cases, where CAT has undertaken a pre-birth assessment, the case will transfer to the locality teams, if a plan is required to support the child as per any other transfer point.

Where the Single Assessment undertaken by CAT indicates that a Child in Need plan is required at the end of the assessment, the case will transfer at the initial Child in Need meeting following the agreement at the transfer meeting. CAT will chair the Child in Need planning meeting whilst the locality team/FIT will be responsible for completing the minutes/plan and distributing those to all concerned.

Child in Need plans may be led by either the locality team or the FIT and agreement about which team is most appropriate will be reached at the transfer meeting between team managers. Business support taking the minutes of the transfer meeting will record this decision on individual child's case files under 'Management Oversight' box within 24 hours.

If the assessment completed by CAT (or any other service) recommends, for example, that a Child in Need plan is required but this was not agreed at the Transfer Meeting, team

managers chairing the Transfer Meeting will be responsible for ensuring that this decision is clearly recorded on the child's individual case files in 'Management Oversight' box (to be inputted by the business support officer taking the minutes).

Where child becomes Looked After following Section 20 accommodation whilst held within CAT, s/he will normally transfer to the CLA team, unless it has been identified through permanency planning and/or at the Gateway Panel that permanency for the child/young person is to return home within a set period of weeks through a period of social work support. Such cases will transfer to the locality social work teams at the point of initial CLA review. The receiving team must send a representative to CLA Review.

Where care proceedings have been initiated by the CAT, child will transfer to the CLA/locality team at the point that an Interim Order is made or the conclusion of a contested first hearing. Best practice would suggest that, prior to the application to court, the case would be co-allocated with the Locality Team where tasks and the responsibility would be agreed between practice manager and team manager. The initial hearing must be attended by both teams. Whilst timescales for transfer may be shorter in these circumstances the principles of meetings being held between the originating team and the receiving team and joint visits to the child and family should be adhered to wherever possible, even if these may need to take place following the transfer of case responsibility.

When the Gateway panel makes the recommendation that court proceedings should be initiated following the birth, the case should be transferred to Locality team. However, in order to sustain assessment and intervention, the CAT social worker will continue their assessment and present their recommendations and care plan before the court. The Locality team will accept case responsibility and undertake the lead on all other tasks. These tasks will be agreed between the practice manager and team manager at permanency planning meeting before the case is presented to Gateway Panel.

5. Transfer Process between Locality Teams and the Children's Looked After Team

Case transfers will take place at the weekly Transfer Meeting. All work presented to the Transfer Meeting must have been quality assured by the manager requesting transfer prior to the meeting. Practice manager must ensure that all necessary work is completed prior to case being inputted on the transfer list. As with other transfers there should be as little delay as possible in completing the transfer.

Children transferring to the CLA team must be children who have been made subject to a Care Order within a court final hearing. Transfer will only take place once this final court order has been made and the local authority's permanency plan has been agreed by the court.

Permanency plans will include those for adoption, local authority care in either a fostering or residential placement, those placed with a parent and those placed with an extended family member under the fostering regulations as approved foster carers.

The point of case transfer is the Permanence Planning Meeting following the final court hearing.

As part of best practice the team managers within the Locality and CLA team should consider:

- The CLA team should be given advance notice to cases that will be transferring from locality teams prior to the final court hearing;
- Where appropriate both team managers can agree periods of co-working prior to case transfer and attendance at specific meetings where planning for permanence is being agreed and formulated.

At the very minimum there should be a joint visit to the child/young person at their placement by both the allocated locality social worker and the identified social worker in the CLA team.

6. Adoption

If a parent identifies that they wish to relinquish a child for adoption following birth, the initial assessment will be undertaken by CAT. CLA and Adoption Services need to be notified immediately. The point of transfer to a CLA team will be negotiated between CAT and the CLA teams on a case by case basis with an expectation that the child will transfer as soon it is established that there is a high likelihood of the adoption process. If adoption is the plan, the normal process for transfers from CAT to CLA is followed.

7. Transfer to the Disabled Children's Team (DCT)

All relevant cases will be discussed with the DCT team manager to establish if the criteria for transfer has been met. Once agreed the routes above will apply regarding whether the child is subject to Child in Need, Child Protection or Child Looked After.

8. Post Permanency Support

Children are transferred to the adoption team for Post-Permanency support following a Special Guardianship Order or Adoption Order being granted. The sending team manager is responsible for completing the referral form to be sent to the team manager of the adoption team. This is to be sent along with the SGO/Adoption Order support plan. The sending team manager is responsible for ensuring the following are on the case file:

- The court-stamped Special Guardianship Order (SGO)/Adoption Order;
- A final, signed copy of the SGO report/Adoption Annex A report;
- A final, signed copy of the SGO support plan/Adoption support plan;
- Finance payments set up;
- Transfer synopsis;
- Later Life Letter;
- LCS file audit;
- Completed DBS checks
- Clear details of contact arrangements.

The adoption team will invite the sending social worker to attend the next team meeting to act as point of transfer.

9. Transfer to the Pathways Team

The initial Pathway Plan and Needs Assessment will be completed by the time the young person reaches 15½. There may be extenuating circumstances that require a delay for example if this period coincides with revision and exams.

Statutory responsibility remains with the CLA team social worker until the young person leaves care at 18 years old.

The All Age Disability Team will retain case responsibility where a young person has complex disability needs until they transfer into adult services at 18 years.

Pathway Plans (which incorporate the Single Assessment, the Care Plan and the Permanence Plan) will be reviewed at the CLA reviews.

Referrals are made at 17.6 years of age from the CLA team to the pathways team via the transfer panel, where young people are co-allocated to a pathways advisor. Pathways team need to be informed of referrals ahead of this meeting. For identified young people where there is additional complexity, a case may be referred for co-allocation at 17 years old.

“Relevant” young people within the locality team will be discussed/transferred on a case by case basis.

Within one week of co-allocation the social worker will arrange a Permanence Planning Meeting (PPM), chaired by the social worker’s practice manager, unless a CLA review is due to be held (within one week of co-allocation). The social work practice manager, pathways practice manager and pathways advisor will attend the CLA Review/PPM to agree lead roles on post 18 planning with a focus on housing, independence skills and finance. They will also agree key tasks and frequency of joint visits. The social worker retains statutory responsibility for the young person.

A formal mid-point review will be held 12 weeks from the date of the PPM either by arranging an additional CLA Review or a professionals meeting with the social work practice manager present to ensure progress of agreed actions.

The social worker will continue to be responsible for the pathway plan with input from the pathways advisor, ahead of the final CLA Review. The pathway plan will detail post 18 plans. The pathways advisor and the pathways practice manager will attend the final CLA Review to ensure robust handover.

Full transfer to Pathways will take place on young person’s 18th birthday.

Prior to transfer on young person’s 18th birthday, the social worker should ensure that all outstanding tasks are completed including a self-audit and any outstanding tasks must be signed off by the social workers practice manager. Transfer summary will also be completed on CASS.

Pathways service manager will review transfer summaries weekly, check outstanding tasks are signed off and accept transfer on CASS. The pathways service manager will end CLA status and care planning.

10. Unaccompanied Asylum Seeking Children (UASC)

When a child presents, or is referred as a UASC, social workers (x2) from CAT team will undertake an initial age assessment screening. At least one of these 2 social workers must have experience in conducting age assessments and receive appropriate training with regards to this matter.

Should the child be deemed under 18 years of age, then they must be accommodated by the local authority under Section 20. Permission to accommodate must be sought by the relevant service manager and there is no need for this child or a young person to be discussed at a Gateway Panel. However, best practice would be to input a management oversight on the child's file.

Once the child has been accommodated, the case will transfer to CLA team at the point of the initial CLA review.

11. Mechanisms to resolve difficulties

Difficulties or disagreements should be resolved in the first instance between the team managers involved in the transfer. If there is no resolution, then relevant service managers should discuss and seek to agree a way forward as soon as possible.

12. Early Help – Moving through process

If there is an immediate safeguarding concern in relation to an open Early Help case led by a community-based lead professional, then the lead professional will follow their agency's safeguarding procedures and continue to refer these directly to the MAST. If MAST determine that the threshold is too high to remain at Early Help level and the case is open to Early Help Pathway then the MAST will inform the Early Help team via earlyhelp@calderdale.gov.uk and ask them to close the Early Help Pathway and MAST will pass the referral to CAT.

Where contacts that are coming through to MAST are not meeting threshold for statutory intervention but it has been determined that the child has unmet needs and require a multi-agency response and the recommendation is for the referring agency to start the Early Help Pathway then MAST should contact the Early Help Team via earlyhelp@calderdale.gov.uk who will contact the current lead professional to provide support and guidance in starting the Early Help Pathway. For cases where there is no lead professional or Early Help Pathway and it has been determined there are multiple unmet needs, these cases will be discussed in the Early Help Hub.

If there are new concerns arising during an open Early Help episode which require an urgent risk assessment, for example where the Early Help lead professional may have become aware of a new concern which has emerged since Early Help Pathway was initiated, that may increase

the risk in the family (such as the return of a perpetrator to the home), then the Early Help lead professional should contact MAST in order for the case to be reviewed by a MAST manager. If the case has been closed within the last 3 months the MAST manager will assign the contact/case back to the last involved CAT/locality/CLA pod/team, in the event that the case is assigned for progression to statutory intervention (Single Assessment).

MAST may also receive open referrals on Early Help cases from agencies who are not part of the Early Help provision (such as from A&E, a GP or the Police). The lead professional may not have any knowledge of these new concerns - these concerns should be risk assessed by MAST.

Moving Cases from CAT to Early Help Pathway

If following completion of Single Assessment within CAT a decision has been made for the child and family to be supported via Early Help provision, it is the responsibility of the social worker from CAT to discuss with the family the Early Help Pathway and gain consent for the process to be instigated.

The social worker will then arrange the Partners Planning meeting and invite all agencies currently involved and inform the Early Help Team (earlyhelp@calderdale.gov.uk). The social worker from CAT will facilitate the Partners Planning meeting at which the next facilitator will be agreed by the Partnership. Any outstanding actions or recommendations should be offered as a draft plan that will remain active under the supervision of the Partnership until the first Child and Family Meeting is held. If the social worker has no recommendations or actions to carry forward the agreed facilitator should start the Early Help Pathway process from Step 2, exploring the Child and Family Voice.

It is the social workers responsibility to inform the family of the outcome of the Partners Planning meeting and who will be their Early Help Pathway facilitator.

If there are no other agencies currently involved and support for the family is required, the social worker should consider making a referral to the Early Intervention Panel. Alternatively, if it is a single agency this can just be a transfer discussion between the agency and CYPS as to how to take it forward.

Moving cases from Locality Team to an Early Help Pathway

If the case is moving from CIN and/or CP to Early Help, the allocated social worker from locality team will arrange the Partners Planning meeting and invite all agencies currently involved and inform the Early Help Team (earlyhelp@calderdale.gov.uk). The locality social worker will facilitate Step 3 of the Pathway, the Partners Planning meeting at which the next facilitator will be agreed by the Partnership. Any outstanding actions or recommendations should be offered as a draft plan that will remain active under the supervision of the Partnership until the first Child and Family Meeting is held. If the social worker has no recommendations or actions to carry forward the agreed facilitator should start the Early Help Pathway process from Step 2, exploring the Child and Family Voice.

It is the social workers responsibility to inform the family of the outcome of the Partners Planning meeting and who will be the Early Help Pathway facilitator.

If the case is moving through from CIN and/or CP plan and there are no other agencies currently involved and support for the family is required, the social worker should consider making a referral to the Early Intervention Panel. Alternatively, if it is a single agency this can just be a transfer discussion between the agency and CYPS as to how to take it forward.

13. Case closures

In order to minimise the number of re-referrals coming through to MAST and also, in order to ensure that the children/young people and their families receive the right service at the right time, all practitioners must input their views and recommendations within the Case Closure Summary as to what should happen to the case if it is re-referred to MAST. These recommendations must be completed in conjunction with their line manager who will provide the rationale for these recommendations within the management oversight at the point of case closure.