

Devon County Council Children's Social Care

Case Transfer Policy and Guidance

March 2018.

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Version	Author/Reviewer	Date
Version 1	Jean Kelly	February 2018
Review due		February 2019
Version 2		

1. **Introduction**

1. The purpose of this policy is to clarify the arrangements for all children and young people receiving a service from Devon Children's Social Care whose case is transferring between teams or stepping down to early help.
2. This document sets out principles, procedure and guidance for all case transfers.
3. Devon Children's Social Care is structured into specialist teams that reflect the journey of the child from referrals into initial response teams through to permanence and leaving care. There is also a pathway for disabled children via the Virgin Care Limited 'Single Point of Access' (SPA) or by referral via the Multi Agency Safeguarding Hub (MASH) to the Disabled Children's Service.
4. This is arranged so that we can provide an effective and deliverable service to vulnerable children, young people and their families. While every effort is made to minimise changes of social worker for each child and their family; a change will be necessary when a child/young person's needs require transfer to a new team as part of their journey or when an allocated worker leaves the authority or moves to a different role. It is therefore inevitable that children's cases will need to transfer to respond to these changing circumstances.
5. It is essential that practitioners and managers are clear about the best practice to be followed to ensure well communicated, planned and smooth transitions for all children and their families.
6. This policy and guidance will not address every situation and it is important that teams communicate with one another about how best to resolve issues without causing any delay in decision making for children and their families.

Social Work Teams:

7. **Initial Response Teams** will undertake initial investigations, single assessments and brief interventions with families to clarify the type of plan a child requires before transfer. They must organise an appropriate meeting so that handover can take place with an identified plan in place. These plans include, an Early Help Plan, a Child in Need Plan, a Child Protection Plan or a Care Plan.
8. **Children and Family Teams** undertake focussed work with children in need, children who are subject to a child protection plan and those subject to pre-proceedings or care proceedings. They are also responsible for children who are looked after under section 20

arrangements (Children Act 1989) until permanent decisions about their care have been made.

9. **Permanence and Transition Teams** undertake long term work with young people where it is anticipated that they will be looked after long term. These teams also support care leavers and any unaccompanied asylum-seeking children transferred directly from initial response teams.
10. **The Disabled Children Social Work Teams** support children with complex disability/health needs which meet the criteria for specialist provision. The Support and Advice Team support disabled children with stable packages of support on a 'review only' basis.
11. **The Permanence and Family and Friends Assessment Teams** undertake all permanence and kinship carer assessments (adoption permanent reports, and special guardianship assessments) and support children and their adoptive parents and special guardians once an adoption or special guardianship order is made.

Transfer Practice Principles

12. To support consistent and best practice in the transfer of children's cases, it is important that key principles are adhered to:
 - Children will be at the centre of our decision making.
 - Children's Social Care is one service and we will work collaboratively to ensure a child centred and smooth transition of children's cases between teams.
 - Children and young people should experience the least number of transitions during their contact with children's social care to minimise unnecessary delay, drift or duplication of assessment and intervention and to build purposeful relationships.
 - Transfers will be agreed/managed via an agreed allocations meeting/process in each locality/team each week.
 - Transfer of a child's case will be conducted in a timely way, preventing any drift, to offer continuity for the family.
 - Where a children's cases are to be transferred between teams or to another social worker, this must be communicated with families and professionals at the earliest opportunity (verbally and in writing) to ensure that they understand exactly what is happening and why.
 - Siblings, who require a plan, should have the same social worker wherever possible. An exception to this may be where one sibling is looked after while the other remains in the care of a parent.

- Unless there are exceptional reasons (such as sudden departure of a social worker), case transfer will always include a joint handover visit (current and incoming social worker) with the child/young person and their parent/carer and wherever practically possible a meeting with key professionals and family members.
- At no point should a child subject to a child in need, child protection or Care Plan be left without an allocated worker.
- Children's cases should not be held by managers who have line management responsibility for cases.
- Should there be any differences of opinion/disputes about the transfer of cases between line managers this should be escalated to the Area Managers for immediate problem resolution.
- No case will transfer without an up to date plan (Early Help, Child in Need, Child Protection, Care Plan or Pathway Plan).
- While case responsibility is being decided for children, we must ensure that they are being seen, are safe and that plans are being progressed.

Case Transfer Requirements:

13. When a decision has been made to transfer a child's case by a manager in supervision, this must be clearly recorded on the child's electronic file with clear reasons for the transfer and required timescales. This will be recorded in supervision or on a manager observation in the child's electronic record. The line manager is responsible for ensuring that this happens in timescale, to minimise any delay in transfer and consequent drift in work required with the family.

Social Worker's Responsibilities:

14. A transfer summary that includes details of the reason why the case was referred in, key risks and key protective factors, threshold evidence for transfer (transfer, step up or down), a summary of the current plan and progress in respect of any positive outcomes achieved to date (see appendix 1).

15. The child/family must be formally notified of the planned change and arrangements for this (verbally and via letter).

16. A SMART up to date plan must be in place for the receiving team.

17. Ensure the appropriate classifications are included on or removed from the child's electronic case file.

18. The chronology must be updated and on the child's case file and include significant incidents with an analysis of risks and concerns identified.
19. The Genogram must be updated and on the case file.
20. An up to date single assessment must be on file (completed and authorised by a manager, with analysis and comments, within the last 6 months).
21. All relevant risk assessments (e.g. DASH (domestic abuse), child exploitation, AIM2 (harmful sexual behaviour), Graded Care Profile 2 (neglect), etc) must be up to date and included in the child's case file.
22. All other relevant assessments (e.g. parenting, sibling, viability, special guardianship etc.) must be up to date and included in the child's case file.
23. All investigation processes and records must be completed with manager analysis of current progress as well as a clear rationale for transfer. The manager will complete and sign this.
24. All visits and case notes must be up to date and reflect the lived experience of the child as well as evidence of focussed direct work to progress the plan in place.
25. All work on the child's electronic file must be up to date including all outstanding tasks in the workers inbox and up to date contact details for the family and professionals.
26. The transfer checklist (see appendix 2) to ensure that the case file is up to date and the case is ready for transfer and sent to line manager for quality assurance. The team's Business Support officer will administer this activity.
27. All court documents (including court directions, orders, expert reports, agreements and statements) must be on file.
28. The point of transfer is at a key meeting (child protection conference, child in need meeting, child looked after review or early help meeting).
29. A handover visit must be arranged within 5 working days (one week) of the point of transfer if it has not taken place prior to this point.

Line Managers Responsibilities:

30. Ensure up to date supervision records are on the child's electronic file.
31. Ensure any audit actions/requirements are completed.
32. Ensure all assessments and investigations are completed and authorised.

33. Quality assure the file to ensure it is up to date before authorising transfer.
34. Quality assure the Social Worker Transfer Checklist.
35. Discuss any issues or concerns with the receiving line manager to resolve any transfer issues.
36. Review any 'Risk' warnings about persons of concern or 'locked down' cases for confidentiality. A decision must be made to either remove or continue these as may be appropriate. The manager must record clear reasons for the decision made on a manager case note. This must be clear to the receiving team if continued for any reason.

Business Support Tasks:

37. Support social worker to ensure that key documentation/records of meeting are on the electronic file.
38. Update the transfer tracker/spreadsheet to support transfer monitoring by managers.
39. Ensure all contact details for the family and key professionals are up to date.
40. Ensure key information such as GP, NHS number, ethnicity, religion, additional needs are all recorded and up to date.
41. Arrangements for allocations meetings.
42. Transfer checklist completion will be supported by the Business Support – any gaps must be returned to the social worker or manager for completion before transfer.
43. Business Support to liaise with receiving team Business Support to confirm transfer readiness.
44. Letter to family (including non-resident/absent parents with PR) to confirm the name of the new worker, team and manager with contact details. The only reason we would not inform non-resident or absent parents would be if they pose a direct risk to the child or resident parent.
45. Letter to all key professionals to confirm the transfer details including the name and contact details of the new worker and manager.

Child's electronic file requirements:

46. All records must be up to date at the point of transfer.

47. Any duplicated, incomplete or unnecessary documents must be dealt with. They need to be closed down/signed off/deleted with appropriate manager oversight as required.
48. All transfers to be managed via a meeting/discussion that reviews the completed transfer checklist as well as discusses key practice issues to be addressed.

Points of Transfer:

49. The following sections set out different points of transfer between different teams.

Transfer from Multi Agency Safeguarding Hub (MASH) directly to Children and Families Teams or to Disabled Children's Teams:

50. **The re-referral of closed cases.** If a case has been closed and returns to the service within 3 months (12 weeks of closure) the case will return to the previous team immediately for follow up inquiry/investigation and any further work required. If the case is re-referred after this time, any return to the original team is by negotiation with the team. If the issues remain the same as previously it makes sense to consider a quick return to the same team to provide continuity of service.
51. **Transfer-in child protection conference requests.** Once accepted, from other local authorities, will be allocated to the relevant locality Children & Family Team for immediate action.
52. MASH will ensure that:
- a. The referring authority has provided written evidence that the family are located permanently in Devon.
 - b. The referring authority has completed an up to date assessment and conference report for a transfer-in conference and provided other relevant information including the latest CP plan, an up to date chronology, and any specialist/risk assessments.
 - c. The appropriate social work team receives this request for allocation as soon as the decision to accept the transfer is agreed.
 - d. The child protection conference service is notified immediately (in parallel) so that a date can be identified within 15 working days of acceptance of transfer.
53. The receiving children and family team must attend the Transfer-in conference as the point of transfer. Every effort must be made by the receiving children and family team to arrange joint visit to the family with the previous local authority social worker as part of the transfer process.
54. When Devon social work teams transfer a case to another local authority they need to ensure that they adhere to the same principles and any

expectations set out by another local authority. This will ensure a timely transfer so that there is no unnecessary drift or delay.

Transfer-in to Devon - Child in Need requests.

55. When a family moves from one local authority to another, there is no legal requirement for the receiving local authority to have a formal transfer-in process as there is with child protection plans. However, a request to consider a child in need plan in the new area must be considered by Devon to ensure a family receives the right level of support to ensure child's safety and wellbeing. Best practice indicates that the following process will be followed.
56. The MASH will ensure that:
- a. The referring authority has provided written evidence that the family are located permanently in Devon.
 - b. The referring authority has provided written evidence that the family consent to a Child in Need service and notified the family that the offer of a service from Devon will depend on our own assessment of the family circumstances.
 - c. The referring authority has shared an up to date assessment, the current Child in Need plan and the latest Child in Need Review meeting record that indicates the need for a continued plan post transfer and the concerns this service will support.
 - d. The request will be forwarded to the relevant initial response team for assessment.

Special Guardianship Order (SGO) assessments.

57. When SGO assessments are ordered during care proceedings, either the legal team or the child's allocated social worker will forward a request for an SGO assessment to the Family and Friends Assessment Team. A court order or a viability assessment will serve as a referral.
58. Requests for SGO assessments by family members, professionals or family friends where there is a written notification of their intention to apply ('private applications'). The Family and Friends Assessment Team will engage with the family for advice and information and explore eligibility to apply. Once eligibility is established the Family and Friends Assessment Team they will complete this assessment.
59. Request for SGO assessment by the child's foster carer. This will be referred to the Family and Friends Assessment Team.
60. If the family is not previously known, any request for an SGO assessment will be transferred from MASH directly to the Family and Friends Team for completion in the timescales directed.

Temporary approvals for family members and family friends as family and friends foster carers (Regulations 24 and 25 of the Care Planning, Placement and Case Review (England) Regulations 2010)

61. The allocated social worker refers the viability study to the Family and Friends Assessment Team who will quality assure the viability study and refer to the Agency Decision Maker for temporary approval. Once granted, the Family and Friends Assessment team will commence a full assessment of the family member “as soon as practicable”, in line with standard 30 of the national minimum standards for fostering services 2011. This will result in either a special guardianship assessment or a family and friends fostering assessment for full approval, or both, depending on the child’s assessed needs, and in consultation with the applicants.

Section 7 and Section 37 (Children Act 1989) report requests in private proceedings.

62. If the family has previously been known to a social work team, the request will transfer directly to the previous worker/team to complete.

63. However, if the case has not been known or closed for more than 6 months, the Initial Response Team will complete this piece of work.

Transfer from MASH to Disabled Children’s Social Work Teams

64. For any case transferring to the Disabled Children’s Service social work team, directly from MASH, the eligibility criteria for the service on the ‘local offer’ website and speak with the manager in the relevant Disabled Children’s Social Work Team.

Transfer from MASH to Private Fostering Team

65. When the local authority is notified of a private fostering arrangement, this will be transferred directly to the private fostering team for assessment and support.

Transfer from Initial Response Teams and Disabled Children’s Social Work Teams to the Early Help System

66. Following initial inquiries and single assessment, a decision can be made to step children’s cases down to the early help system for targeted support and intervention. For disabled children this may happen if the single assessment identifies that a child’s difficulties do not meet the eligibility criteria for the Disabled Children’s Service. This transfer can only be considered completed once an Early Help Meeting (Team Around the Family meeting) has taken place and an Early Help Plan has been put in place.

67. A lead practitioner will be confirmed at this meeting and they will coordinate the Early Help Plan. The allocated social worker is responsible for arranging this step-down process.

68. See Step Up/Step Down procedure
(<https://www.devonsafeguardingchildren.org/workers-volunteers/early-help/>)

Transfer from Initial Response Teams (IRT) to Children and Families (C&F) Teams

69. All cases must transfer from initial response teams with a completed and signed off single assessment, an up to date child in need, child protection or care plan and following handover meetings with professionals and family members. Therefore, all children's cases transferring to children and a family teams have a clear meeting point that serves as an effective transfer point.

70. **Child in Need (CIN) Plan.** Initial Response Teams are responsible for the completion of the Single Assessment. If a Child in Need Plan is the agreed outcome, the IRT SW will set up a child in need meeting, invite the relevant children and family team. The transfer point will take place at the initial child in need meeting when the plan is put in place. The initial response team will prepare the outline child in need plan to be developed at this meeting and arrange the meeting; agreeing which manager (or child in need reviewing officer) will chair it.

71. **Child Protection (CP) Plans.** Transfer takes place at the point of the Initial Child Protection Conference (ICPC) when the child protection plan is confirmed. The initial response team social worker must attend this conference and take responsibility to present their assessment and outline plan. A joint visit with the family should take place prior to the conference to ensure that the family has met the new social worker before this meeting takes place. If this has not been possible then it must take place prior to the first core group meeting, within 10 working days of the conference.

72. **Care Proceedings.** It is most likely that care proceedings will be happening in parallel with either a child protection or care plan. The point of transfer will take place at either an initial child protection conference or the initial statutory child in care review. This will usually follow the initial hearing once initial investigations and the single assessment have been completed.

73. **Care Plan (Children Looked After).** Transfer takes place at the point of the first statutory review that is arranged via the initial response team; the relevant children and family team will be invited. The initial response team will plan for the initial health assessment, undertake any initial

placement meetings and complete all initial placement agreement documentation. This team will also ensure that an outline care plan is developed in advance and shared with all participants for the review. This care plan must consider all plans to consider their assessment and plans to test reunification.

Transfers from Initial Response Teams to Permanence & Transition Teams (P&T):

74. **Unaccompanied Asylum Seeking/migrant/separated children** will transfer straight from IRT following completion of single assessment.
75. **Young people who first become looked after at 16years+.** Young people will only be transferred 12-14 weeks following the referral once considerable and immediate intensive intervention has been undertaken to establish whether that young person can return home or be placed with connected persons.
76. Only when this has not proved successful, and that the plan is for a young person to remain looked after, at their second child in care review, should a transfer take place directly to the Permanence & Transition Team. The point of transfer is the second child in care statutory review which takes place at approximately 12-14 weeks (maximum 4 months).
77. The IRT will attend the second child in care review and the P&T Team will be invited. A joint visit to the young person will take place prior to the review. This point of transfer should not signal the end of any efforts to reunify this young person with family or connected people.
78. If a reunification is successful, transfer to a children and families might be indicated if either a child in need (CIN) or child protection plan is assessed as required to support safeguarding the young person for a period. If this is the case, the transfer requirements set out above for all CP and CIN plans applies.

Transfer from Children and Family Teams (C&F) to Permanence and Transition Teams (P&T).

79. **Children Looked After under section 20 (Children Act 1989) where there are no plans to commence care proceedings.** This will relate to a very small group of, often, older adolescents who have been known to the children and families' teams and where concerns have escalated so that it has been necessary to agree to a period of accommodation. Legal advice will have been taken to consider grounds for care proceedings. In these young people's cases, a decision will have been confirmed that care proceedings will not be commenced (reasons for this decision must be carefully recorded and agreed by senior managers to ensure case law

is adhered to). A Permanency Planning Meeting must take place to confirm the care plan for each young person.

80. Transfer to the permanence and transition team will take place at 2nd child looked after review for children subject to section 20 where assessment is completed, and after intervention to consider reunification and/or alternative family placement, the plan is for the child/young person to remain in local authority care.
81. **Care Proceedings/Permanence Decisions.** Where care proceedings are in progress, transfer to the permanence and transition team will take place following the final hearing where the plan for a child or young person to remain in local authority care has been approved by the court.
82. If the plan is for adoption, the child's case remains in the children and family team while permanence planning is undertaken.
83. Disabled children who are looked after will continue to be supported by the Disabled Children Social Work teams. The relevant locality Permanence and Transition managers will allocate a Personal Adviser as that young person reaches 16 years of age to support transition to adult services at 18 years of age. The Personal Advisor will continue to support each care leaver until they are 25 years of age (as required by the Children and Social Work Act 2017).

Transfer from Children and Families, Disabled Children and Permanence and Transition Teams to Adoption and SGO Teams

84. **Adoption Orders.** Transfer of children placed for adoption takes place at the point at which the adoption order is made. The adoption team will be involved prior to this point. However, at the point of the adoption hearing they will take over responsibility for the adoption support plan.
85. **Special Guardianship Orders.** The transfer of children made subject to Special Guardianship Orders to the Special Guardianship Team will take place at the point at which the order is made. However, if a Family Assistance Order or Supervision Order is made alongside the special guardianship order, the original team will keep responsibility for supporting the child and will work alongside the Special Guardianship Team who will offer a support plan to the Special Guardian(s) as agreed in court.
86. Disabled children subject to Adoption or Special Guardianship Orders will continue to receive a support alongside the permanence team supporting the child in their permanent placement where the Support Plan is in place.

Transfer of Children in Need who move within Devon

87. In all cases, where a child subject to a Child in Need plan moves to a different locality within Devon and a transfer is agreed, the allocated team manager must contact the new team manager and inform them that the family have moved or plan to move to their locality. They need to share information relating to their involvement and any concerns held.
88. The Transfer Readiness Checklist (Appendix 2) will be completed by the transferring social worker prior to the family moving (or within 5 working days of the family moving if the move is unexpected) and a joint handover visit be completed in line with practice standards section 5. The case should then be allocated to a social worker within the new locality. A Child in Need meeting should be held in the new locality within 20 working days and attended by the new social worker

Step-down arrangements between teams within Children's Social Work including the Disabled Children's Team to the Early Help system.

89. Any decision to step a child's case down from children looked after to child protection to child in need or to early help must follow the same process as the step-up process. All cases must transfer with an appropriate plan in place based on a clear assessment and with management oversight recorded.
90. For disabled children any transfer from the Disabled Children's Team to the Support and Advice Team or to Early Help must transfer with a plan in place.
91. This decision must be discussed and ideally agreed with the multi-agency core group/team around the family and authorised by the line manager as part of supervision/management oversight.
92. A clear audit trail must be evidenced on the child's file of the reasons for this decision.
93. Cases cannot step down without the Transfer Readiness Checklist (appendix 2) being complete and all work completed as required.
94. The family must be communicated with, verbally and in writing, to ensure that they understand what the plan is and that their views are clearly recorded and acted on as required.
95. Manager must ensure all work is completed by social worker/practitioner before this can be signed off.

Devon Children and Families moving across local authority boundaries

Child Protection Plans.

96. When a child subject to a child protection plan moves to another local authority with their family, we must notify that local authority (the host authority) of the family's presence in their area, even if this is a temporary arrangement. When the move out of county is a temporary arrangement, Devon County Council (the home authority) retains responsibility for the case, including all visits and review conference arrangements.
97. If the family intend to transfer permanently to that area we will ask them to convene a transfer-in child protection conference. We will need to evidence that the transfer is permanent (via a permanent address) or having lived in the area for more than 3 months with no plan to return. They must be eligible or able to establish permanent accommodation in that area. The host local authority is then required to arrange the transfer-in conference within 15 working days.
98. The case remains Devon's responsibility until a transfer conference takes place in the receiving or host local authority.

Child in Need Plans.

99. In these circumstances, we are only involved with the family with their consent and any referral to a new local authority will include this consent. We will confirm that this consent has been obtained with the receiving authority. Ideally this consent should be in writing as part of any referral by Devon to the new local authority. The Devon social worker must also send an up to date assessment, Child in Need plan and the record of the most recent Child in Need meeting. If the family do not consent, the social worker and manager need to consider how best to end contact with the family at the point of their permanent departure from the County boundary.
100. In circumstances where there is concern that a Child in Need plan continues to be required following transfer and the family do not consent, this will require a decision about whether to share information with the receiving authority. If a decision to be made to share key information without the family's consent the family must be informed and a clear rationale for this must be recorded and agreed via the line manager. This might be where the absence of a plan may lead to an escalation of concern or where a child has recently stepped down from a child protection plan or being looked after. This must be explained to the family (verbally and in writing).
101. In both cases, the child remains the responsibility of Devon until the transfer in conference or an agreement to support a family via a child in need plan (whichever has been requested).
102. The 'Transfer Readiness Checklist' must be completed so that the child's case is ready for closure in Devon.

103. All children looked after by Devon County Council remain our responsibility when we place them in other areas. However, we must formally notify another local authority whenever a child looked after moves into their area.

Transfer to adult social care

104. When it is necessary to consider the need for adult social care involvement we need to start planning transition early. Arrangements to transfer must be initiated at the earliest opportunity prior to a young person's 16th birthday by contacting 'Care Direct' if a child and family have not already been contacted by the Devon Adult Services, 'Preparing for Adulthood' team. The 'Preparing for Adulthood' workers now attend the annual Education, Health and Care Plan (EHCP) review for all children subject to an EHCP from Year 10 onwards and will work with all involved professionals from this point in a child's life to agree a plan of support as the young person progresses towards adulthood.

105. Information about this process and the Preparing for Adulthood Toolkit for social workers, children, young people and their families can be found at: <https://new.devon.gov.uk/educationandfamilies/special-educational-needs-and-disability-send-local-offer/preparing-for-adulthood>

Change of Social Worker

106. When a social worker leaves the department or transfers from the team for any reason and a transfer of the child's case is required, the allocated social worker should ensure that the Transfer Readiness Checklist is completed and handover to a new social worker is undertaken and all those involved are informed.

107. If a social worker leaves the department in an unplanned or unexpected way the line manager is responsible to ensure that all work to transfer the case is completed.

Case Closure

108. All steps to be completed as per transfer standards section above.

109. Closure form to be completed on the child's electronic file and authorised by the line manager.

110. A clear timescale must be given for all actions to be completed; usually within 10 working days. This must be followed up by the line manager to ensure that this is complete.

111. A clear statement must be recorded to explain why closure is appropriate re outcomes and thresholds now.

112. Authorisation by a manager is required to agree this.

Appendix 1 Case Transfer Summary

The completion of a summary is essential following every decision to transfer a child's case. As a minimum expectation the transfer summary must include the following information. This information will be included in the template which can be found in the child's electronic record.

- Details of original referral (include dates and decisions)
- Summary of key risks (both at point of referral and current risks)
- Summary of key protective factors (factors/people) that actively keep the child safe.
- Reason for transfer/closure (transfer, step up or down or closure),
- Summary of the current plan, outcomes achieved to date and what still requires action.
- Key issues requiring intervention/support (contact, safety planning, warnings, disclosure of information)
- Details of key meetings, visits, service provision due to take place.
- Arrangements for handover between teams.
- Arrangements to notify all key family members and professionals
- Any other relevant information

Appendix 2: Transfer Readiness Checklist

This checklist is the responsibility of the transferring team. The social worker and line manager will ensure that all work is completed and may ask business support colleagues to assist this task. However, it is the social worker and line manager responsibility to ensure that all professional documentation is completed and up to date before transfer. The case should not be triggered for transfer until this work is completed. Completion of all required work must be undertaken in a timely way by the transferring team so that there is no delay in transfer.

The receiving team should not accept the case unless all required work is completed. The receiving team's team manager is responsible for overseeing and agreeing that all work required has been completed prior to accepting transfer.

The case remains the responsibility of the transferring team until all work is completed and the case is reviewed as ready by the receiving line manager.

*To support the transfer process, practitioners should always make sure that they regularly update each child/young person's files.

Name of child/children	
Date(s) of birth	
ID Number(s)	
Case Status (S20/ICO/CO/ISO/SO/CP/CIN/EH etc.)	
Transferring Team/Locality	
Current Social Worker	
Line Manager	
Reason for Transfer Request?	

Tasks completed/up to date	Person Responsible for completion	Confirmed by transferring Team Manager (Yes/No)	Agreed by receiving Team Manager (Yes/No)
Transfer Summary	Social Worker (SW)		
Chronology	SW		
Genogram	SW		
Strategy Meetings/S47 Investigations are all completed and authorised	SW and Line Manager		
Plan (there must be an up to date plan)	SW		
Regular visits records completed and up to date	SW and Line Manager		
Assessments (single, risk, parenting, viability, connected persons, SG etc.)	SW		
Monthly Supervision records (for the duration of allocation to transferring team)	Line Manager		
Management Oversight	Line Manager		

Meeting Records on file	SW and Line Manager		
All court documentation and expert reports/statements	SW and Line Manager		
Reports from key agencies/services undertaking any direct work with family	SW and Line Manager		
All documents on child's record is completed and any documents created in error or duplicates to be dealt with	SW and Line Manager		
Letter to child (age appropriate) regarding transfer arrangements, contact details and planned introduction/handover meetings (to take place within 1 week of transfer).			
Letter to family (all with PR and resident carers, including foster carers) regarding transfer arrangements, contact details and planned introduction/handover meetings (to take place within 1 week of transfer).	Current SW Team (SWTRO)		
Letter to professionals regarding transfer arrangements	Current SW Team (SWTRO)		
Joint visit/handover meeting with child/carers/family (to take place within 1 week of transfer)	Current SW and receiving team SW		
Handover meeting/arrangements with professionals	Current SW and receiving team SW.		
Case Lock down reviewed?			
Risk Warning alert reviewed?			
For disabled children: Is the form CYP105 completed with a minimum of 6 months service plan approved			

