**Practical Guidance for Transfer of Cases**

**Introduction**

The following document provides information for all actors providing Child Protection Case Management services for refugees and migrant children across Greece, in the event cases are transferred from one agency to the other.

The purpose of the document is to ensure that the transfer happens timely, that all information and documentation regarding the case is shared with the receiving agency, with the consent/assent of the child and/or caregiver and maintaining confidentiality, to ensure that the child continues to receive the necessary support with minimal disruption of services.

1. **Key Definitions and Guiding Principles**

**Case transfer**

The transfer of a case indicates that the full responsibility for coordination of the case plan, follow up and monitoring of the child is being handed over to another agency or department. This is often appropriate when a child moves but still requires support to ensure his/her protection. When transferring a case, caseworkers, supervisors and managers will need to put in place a clear plan for hand-over to the receiving agency, and clearly communicate this to the child and his/her family.

Transfer of a child’s case should be avoided unless it is absolutely necessary. To consider the transfer of a child’s case, there must be good cause and a clear indication that the child will receive a similar or better degree of service than they are currently receiving. When transferring whole caseloads to another agency and/or the government, the process should include a review of all case files to confirm consent/assent on sharing information where this is needed.

**Case conference**

It’s the forum in which information is shared between the referring agency and the receiving agency; it takes place in person when the agencies are in the same location, remotely (i.e. via skype), when the agencies are in different locations. The case conference should always happen within 24 hours for high priority cases, within 3 days for medium priority cases, within a week for low priority cases.

**Best Interests of the Child**

The “best interests of the child” encompass a child’s physical and emotional safety (their well-being) as well as their right to positive development. In line with Article 3 of the United Nations Convention on the Rights of the Child (UNCRC), as ratified by Law 2101/1992, the best interests of the child should provide *the basis for all decisions and actions taken,* and *for the way in which service providers interact with children and their families*. Caseworkers and their supervisors must constantly evaluate the positive and negative consequences of actions and discuss these with the child and their caregivers when taking decisions. The least harmful course of action is always preferred. All actions should ensure that the child’s rights to safety and on-going development are never compromised.

**Confidentiality**

Confidentiality requires service providers to protect information gathered about beneficiaries and to ensure it is accessible only with a beneficiary’s explicit permission. For agencies and caseworkers involved in case management, it means collecting, keeping and sharing information on individual cases in a safe way and according to agreed data protection policies. Workers should not reveal children’s names or any identifying information to anyone not directly involved in the care of the child. When information is shared, it should be shared on a need-to-know basis and limited to only the information necessary to enable better protection of the child.

**Need to know**

The information that is not required for management of the case or for a follow up visit should not be shared. Information should be shared only when it’s needed by the receiving team to provide appropriate support and follow up. Where the case of a child is being fully transferred to another agency, it is usually good practice to share all assessments and support plans with the receiving agency to ensure a complete and consistent transfer of care.

**Informed consent/assent**

Informed consent from the child (and/ or their parent/ caregiver), should be in written form. In exceptional cases, such as when the person is unable to write, verbal consent can be given with an explanation on the form by the caseworker. Usually, 15-18 years olds are considered mature enough to give informed consent; ideally supportive and non-offending parents/caregivers should also give consent.

For younger children, decisions should be made on a case-by-case basis. When children are too young (usually under 15 years) to consent, their informed assent should be sought (i.e. willingness to participate in services) while a parent or caregiver gives consent. Even with very young children (i.e. under 5 years old), efforts should be made to share and explain information in an appropriate format. In case the child is unaccompanied or if s/he is legally removed from his/her parent’s care due to abuse or other reason, the Public Prosecutor’s approval must be sought prior to any action affecting the well-being of the child.

1. **Roles and Responsibilities**

**Referring agency**

The referring agency has the responsibility to seek assent/consent for the transfer of the case (if it had not already been sought and documented), and to share documentation with the receiving agency accordingly. The referring agency shares information on action points needed, pending issues and urgent follow up. The physical case files will be handed over in person, whenever possible, during the case conference. The password-protected electronic case files will be handed over via email, and the password shared separately (via text message or phone call).

Please refer to the Interim Data Protection and Information Sharing Protocol for more guidance regarding sharing of data.

It is good practice for the referring agency to follow up after the transfer of cases to ensure proper follow up has taken place, and where this is not the case, to seek alternative course of action in the best interests of the beneficiary.

**Receiving agency**

The receiving agency has the responsibility of participating in the case conference meeting, and to receive the information shared by the referring agency, and to ensure confidentiality of the data received.

It’s the responsibility of the receiving agency to follow up on the action points and pending issues identified in the case conference with the referring agency.

Please refer to the Interim Data Protection and Information Sharing Protocol for more guidance regarding sharing of data.

The referring agency and the receiving agency strive to set up a follow up meeting one month after the transfer of cases or to use any other mean of follow-up to ensure that the smooth transfer has actually been completed.

1. **Steps**
2. The referring agency receives information that a child or a group of children is about to move to a different site.
3. The referring agency makes first contact with the child protection-case management agency working in the site of destination.
4. Said agency reviews the case file/s to confirm consent and/or assent of the child (if applicable, and parent/caregiver) on sharing information, and reviews prioritisation of each case.
5. If consent/assent had not been obtained, please seek consent/assent before proceeding further, following the Inter-Agency Case Management Guidance and principles.
6. Once consent/assent has been obtained/confirmed, the referring agency and the receiving agency discuss the timeline of the handover, including

* agreement of people involved (case/social workers, case supervisors, psychologists, lawyers of referring agency and of receiving agency)
* date of case conference meeting , based on prioritisation of cases. Case conferences meetings for high priority cases should take place within 24 hours of the transfer, for medium priority cases within 3 days, for low priority cases within a week
* Agreement on follow up and action points, based on case conferences meetings discussions
* Agreement on transfer of electronic and physical files, following the Interim Data Protection and Information Sharing Protocols

1. Whenever possible (i.e. referring agency and receiving agency in the same location), a joint meeting with the child/group of children (if applicable, and family) can be arranged to facilitate the transition, if in the best interests of the child and in line with the do no harm and confidentiality principles.
2. The referring agency and the receiving agency organise a follow up meeting one month after the transfer of cases, when possible
3. The referring agency will maintain the case file/s in a secure archive (as per data protection protocol) for 6 months, after which all records will be destroyed.

**List of Annexes**

**Annex 1 Case Transfer Form**

**Annex 2 Interim Data Protection and Information Sharing Protocol**