



SUTTON'S CHILDREN'S FIRST CONTACT SERVICE Operational Protocol

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Local Safeguarding
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1. INTRODUCTION

Sutton's Children's First Contact Service (CFCS) acts as the single 'front door' for referrals for children (pre-birth to 18 years old) for early interventions and prevention, safeguarding and child protection, and early support for children with disabilities.

CFCS is a partnership of professionals from a range of agencies who have a role in safeguarding children in Sutton. The professionals work together to share and analyse information held on their respective systems to build a picture of the child's history, current circumstances, family members, risk and protective factors. This allows professionals to make timely, informed and evidence-based decisions to safeguard children and promote their welfare and ensure that children receive the right help at the right time.

2. LEGAL AND POLICY CONTEXT

Working Together to Safeguard Children 2018 sets out a clear expectation that local authorities are the lead contact for safeguarding concerns relating to children and should provide clear advice to professionals and the public for making referrals.

"Within local authorities, children's social care should act as the principal point of contact for safeguarding concerns relating to children. As well as protocols for practitioners working with children and families, contact details should be signposted clearly so that children, parents and other family members are aware of who they can contact if they wish to make a referral, require advice and/or support."¹

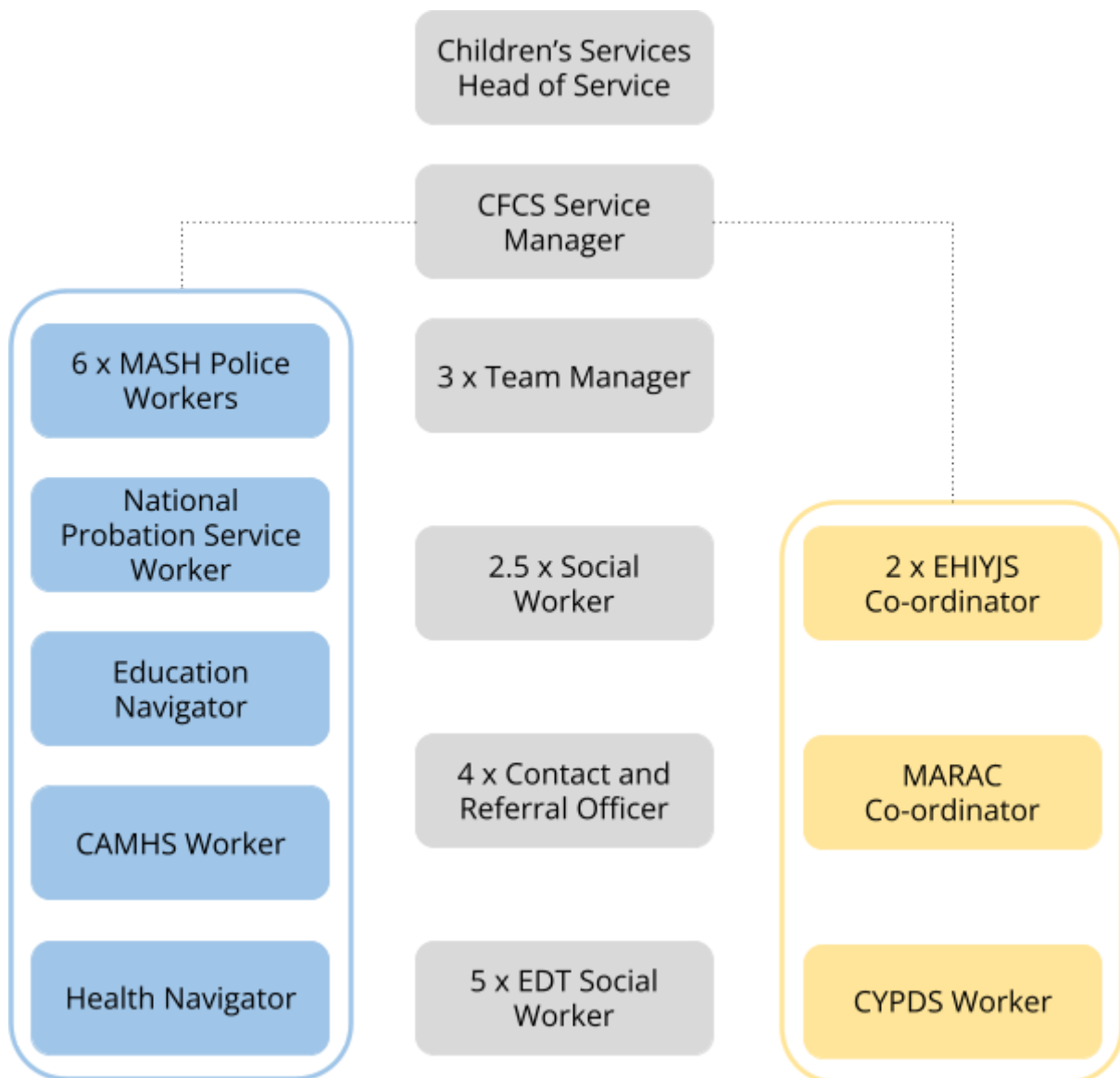
3. PURPOSE

The purpose of this protocol is to provide an overview of the professionals and partners who make up CFCS and the process followed once a referral is received.

This protocol is owned by the CFCS Governance Board and supported by Sutton Local Safeguarding Children Partnership (LSCP). It is underpinned by the MASH Information Sharing Agreement signed by all partners within CFCS and the LSCP Threshold Guidance.

¹ HM Government, 'Working Together to Safeguard Children' (July 2018), pg 15

4. CFCS STRUCTURE



5. ROLES AND RESPONSIBILITIES

The role of the CFCS Service Manager

The Service Manager has the responsibility to:

- Lead and direct a multi-disciplinary team to provide services to children and young people and their families requiring support and/or intervention;
- Ensure the quality of work across CFCS by providing supervision, management direction, advice and professional consultation in order to achieve best practice standards;
- Support the Head of Service's, in providing leadership, contributing to the development of policy and strategy whilst ensuring the team and wider

service area is effective and adapts to change to deliver the best outcomes for children and young people;

- Take a role in minimising risk to both service users and the Local Authority. The responsibilities also include providing support and advice in relation to complex cases; recruit, develop and motivate staff groups; develop and maintain internal and external working relationships;
- Ensure there is representation and active participation at the Midwifery Safeguarding Meeting, Channel Panel, MAMDA (Multi-Agency Meeting Domestic Abuse), MACE and Early Help Panel. The Vulnerable Pupil Panel (VPP) will also benefit from Team Manager attendance; and
- Manage and oversee the out of hours Children Emergency Duty Team (EDT).

The role of the Team Managers (TMs)

TMs are responsible for:

- The day to day running of CFCS including MASH (Multi-Agency Safeguarding Hub);
- Providing direction and management oversight in relation to these cases and specific tasks requested. This includes contacting parents/carers or professionals;
- Authorising all initial contacts and MASH enquiries and provide robust managerial oversight for actions taken and liaison with the locality duty manager or duty managers in other teams for urgent strategy discussions;
- Ensuring that all contacts have a robust management oversight in relation to the direction of the case and that the child is at the centre of the recommendation;
- Giving case direction to all staff members (including partner agencies) within the team;
- Ensuring consent where applicable, quality assurance, and management of inboxes;
- Providing high quality supervision in line with the LBS supervision policy to staff in CFCS and EDT.

The role of Contact and Referral Officers (CRIOs)

The CRIOs are responsible for:

- Ensuring that all information within the person summary on Mosaic (Children's Services database) is updated and complete. This includes liaising with the Partnership Navigators;

- Taking telephone calls from members of the public, family members/parents, and professionals who are raising safeguarding concerns for children;
- Where there are no high-level safeguarding concerns, referring in the first instance to the early help pathway for further action;
- Where a safeguarding concern has been identified, speaking with parents/carers/young people to gather the view on the concerns that are raised and discuss consent for multi-agency checks for those referrals directed down the safeguarding pathway;
- Discussing with parents/guardians/young people about early help services. Parents/Guardians have to consent to an Early Help referral where a decision is made to “step down” a safeguarding contact.
- Discussing the case with the Team Managers and/or Early Help Co-ordinators to seek advice and guidance, where required;
- Providing a robust analysis and reasons for the recommendation which is made.

The role of the Social Workers

The Social Workers are responsible for:

- Reviewing contacts that are graded as 4 or below;
- Ensuring that all information within the person summary on Mosaic is updated and complete. This includes liaising with the Partnership Navigators.
- Where there are no high-level safeguarding concerns, referring in the first instance to the early help pathway for further action;
- Where a safeguarding concern has been identified, speaking with parents/carers/young people to gather the view on the concerns that are raised and discuss consent for multi-agency checks for those referrals directed down the safeguarding pathway;
- Discussing with parents/guardians/young people about early help services. Parents/Guardians have to consent to an Early Help referral where a decision is made to “step down” a safeguarding contact.
- Discussing the case with the Team Managers and/or Early Help co-ordinators to seek advice and guidance, where required;
- Providing a robust analysis and reasons for the recommendation which is made;
- Representing the service and active participation at the Midwifery Safeguarding Meeting, Channel Panel, MAMDA, MACE and Early Help Panel. The Vulnerable Pupil Panel (VPP) will also benefit from Social Worker attendance;
- Providing support and guidance to the CRIOs in management absence.

The role of the Early Help Managers

The Early Help Managers are responsible for:

- Providing direction and management oversight in relation to Early Help cases and specific tasks requested. This includes contacting parents/carers or professionals;
- Authorising all initial contacts rated 6 and above and providing robust managerial oversight for actions taken, in particular for contacts where a recommendation for early help is made;
- Ensuring that all contacts have a robust management oversight in relation to the direction of the case and that the child is at the centre of the recommendation;
- Giving case direction to all staff members (including partner agencies) within the team;
- Ensuring consent where applicable, quality assurance, and management of inboxes.

The role of the Early Help and Integrated Youth and Justice Service (EHYJS) Coordinators

The EHYJS Coordinators are responsible for:

- Providing information, advice and guidance and signposting to parents, carers and where appropriate children and young people.
- Searching for and collating information from a range of sources including databases and other professionals to add to the Early Help decision making;
- Taking telephone calls from members of the public, family members/parents, and professionals who are in need of early help support;
- Recording, interpreting and analysing information/ issues to assess the risks and needs of the child/ young person. This may involve disclosing proportionate and relevant information related to the parents/ carers or siblings;
- Escalating evidence of ineffective safeguarding arrangements to CFCS and early help ATMs;
- Providing a robust analysis and reasons for the recommendation which is made.

The role of the CYPDS Worker

The CYPDS Worker is responsible for:

- New requests for iCount cards, short breaks and occupational therapy;

- Taking the telephone calls from members of the public, family members/parents, and professionals who are in need of early help support;
- Recording, interpreting and analysing information/ issues to assess the risks and needs of the child/ young person. This may involve disclosing proportionate and relevant information related to the parents/ carers or siblings;
- Providing information, advice and guidance, and signposting to parents, carers and children and young people, where appropriate.

The role of Business Support Officers

The Business Support Officers are responsible for:

- Supporting the professionals and partnership within CFCS to ensure the smooth running of day-to-day operations;
- Uploading all referrals on all children's files which are found in the documents/ attachment section of Mosaic;
- Adding all contacts to the youngest sibling initially to then be copied over to the other children by the manager once the contact has been authorised;
- Exceptions are in relation to missing children, the Initial Contact will be created for the actual missing child and a child or young person is identified as at risk of Child Sexual Exploitation or criminal exploitation;
- Ensuring that all siblings are linked to each other (not just to the youngest child) but the family as a whole and completes all details of children's files if received in the initial contact.

Task may vary and additional responsibilities may include updating child details on request of Managers, this will include details of young person's medical records GP, NHS no. etc. and details of school and pupil number.

Partners within the CFCS

The role of the Health Navigator

The Health Special navigator located in CFCS is responsible for:

- Participating in the MASH multi-agency risk assessment and making recommendations;
- Sharing relevant health information to inform the decision making process around safeguarding children (information sharing is in line with current legal and governmental legislation in respect to patient confidentiality);

- Sharing appropriate information about health outcomes and concerns and participating in daily meetings and MAMDA.

The role of the Education Navigator

The Education navigator located in CFCS is responsible for:

- Participating in the MASH multi-agency risk assessment and making recommendations;
- Sharing relevant education information to inform the decision making process around safeguarding children (information sharing is in line with current legal and governmental legislation in respect to confidentiality);
- Providing advice and guidance to schools around safeguarding concerns and when to refer;
- Participating in daily meetings and MAMDA.

The role of the Youth Offending Service

The Youth Offending Service has a representative who works remotely with CFCS. The representative is responsible for:

- Offering information sharing within case management and triage meetings which informs the decision making;
- Working directly with young offenders and cross referencing police reports to ensure young people do not fall through the net.

The role of the Police

The Police are well represented within CFCS and are led by a Sergeant. The Police are responsible for:

- Attending the daily meetings and MAMDA
- Researching and analysing information recorded on police systems and providing confidential written reports to social care services for adult and child protection purposes;
- Providing quality assurance for risk assessments;
- Making appropriate referrals to partner agencies.

The role of the Probation Service

The Probation Service has a representative who is based in CFCS one day a week. The representative is responsible for:

- Responding to queries and information requests, this includes remotely for the remainder of the week.
- Offering information sharing within case management and triage meetings which informs the decision making.

The role of the MARAC (Multi Agency Risk Assessment Conference) Coordinator

Sutton's MARAC Coordinator is based within CFCS, the Coordinator's is responsible for:

- Attending the daily meetings and MAMDA;
- Sharing information and provides specialist insight which influences the decision making process;
- Working with the representative for referrals from the Single Point of Access to the specialist Domestic Abuse Services and providing advice within case management.

The role of CAMHS

The CAMHS Representative is responsible for:

- Providing advice and support across both CFCS and RAS;
- Participating in the MASH multi-agency risk assessment and making recommendations;
- Sharing relevant CAMHS' information to inform the decision making process around safeguarding children (information sharing is in line with current legal and governmental legislation in respect to patient confidentiality);
- Sharing appropriate information about CAMHS outcomes and updates on any current interventions being delivered by the service.

6. REFERRAL PROCESS

Referrals can be made to CFCS in the following ways:

- CFCS referral form: sutton.gov.uk/cfcs
- Email: childrensfirstcontactservice@sutton.gov.uk
- Telephone: 0208 770 6001 / 6072
- Out of hours
 - Email: childrens.edt@sutton.gov.uk
 - Telephone: 0208 770 5000

Thresholds

Referrals made to CFCS in Sutton should be made with reference to the [LSCP Threshold Guidance](#), available on the LSCP website: suttonlscp.org.uk. The LSCP Threshold Guidance should also be considered by CFCS professionals when deciding what pathway a contact should follow.

The indicators section from the threshold guidance are below and should be considered alongside the full guidance document, the [London SCP Threshold Document](#), the [Supporting Families criteria](#) and professional judgement.

Sutton's thresholds are referred to as tiers and we endeavour to be consistent, but occasionally colleagues may refer to different levels of need or support.

The LSCP Threshold Guidance describes four tiers of need: tier 1 – no additional needs, tier 2 – children with additional needs, tier 3 – children with complex multiple needs, and tier 4 – children in acute need.

TIER 1 – NO ADDITIONAL NEEDS

CHILD'S DEVELOPMENTAL NEEDS

- Developmental milestones are met, including age-appropriate emotional, academic and social development;
- CYP is physically, mentally and emotionally healthy;
- CYP is in education, employment or training (EET);
- CYP displays age-appropriate behaviours and self-control;
- CYP does not go missing or absent.

PARENTING CAPACITY

- Regular access to universal services to meet child's needs;
- Consistent evidence of emotionally warm, encouraging, supportive, and protective parenting, with clear and consistent boundaries in place;
- All CYP's needs are fully met by the parents;
- Parents' health, learning disabilities, and alcohol or drug use does not impact on parenting;
- Parents are aware of potential risks and pressures to the CYP from outside the family home and provide protective support and are confident to raise concerns at an early stage;
- Parents know the parents of their CYP's peers and know who to contact to ensure appropriate supervision.

FAMILY AND ENVIRONMENTAL FACTORS

- Stable and safe housing, physically and emotionally;
- Positive family network;
- No incidents or violence or criminal activity in the family;
- Financial stability;
- Good social networks and access to community resources;
- No links to proscribed organisations.

SCHOOL

- A safe space for the CYP;
- Allows the CYP to access the PSHE and RSE curriculum;
- Evidence of clear safeguarding policies and staff training;
- Ensures the CYP knows who to talk to and experiences appropriate responses to any concerns.

NEIGHBOURHOOD

- Safe, with no evidence of exploitation or grooming taking place.

PEERS

- Provide the CYP with good quality, socially appropriate, consensual and reciprocal relationships;
- Engage in safe and age appropriate activities;
- Supportive and age appropriate.

ONLINE

- A safe, healthy and age appropriate digital activity space;
- CYP is aware of safe online behaviour and knows who to contact if they experience harm online;
- Parents practice online safety within their home.

TIER 2 – CHILDREN WITH ADDITIONAL NEEDS

CHILD'S DEVELOPMENTAL NEEDS

- Developmental milestones are not met, and CYP is below age-appropriate social development expectations;
- CYP has health issues, due to a mild health condition, poor diet, lack of physical activity, or drug and alcohol use;
- CYP is persistently absent from education or not in education, employment or training (NEET);
- CYP is about to leave education with no planned education, training or employment;
- CYP has a negative sense of self and abilities, occasional demonstration of emotional or behavioural difficulties, and/or lacks emotional support;
- CYP expresses verbal support for extreme/ intolerant views;
- CYP has gone missing on one or two occasions;
- CYP shows occasional signs of neglect or abuse.

PARENTING CAPACITY

- Parent not accessing universal services appropriately;
- A lack of emotionally warm and supportive parenting and age-appropriate boundaries and routines;
- CYP's needs are mostly met by the parents with additional help;
- Low level/ isolated incidents of parental conflict and domestic abuse, mitigated by other protective factors;
- Parents' health, learning disabilities, and alcohol or drug use occasionally impacts on parenting;
- Concerns around disciplining of CYP and/or harmful traditional practices;
- CYP lives with adult who holds extreme/ intolerant views;
- Parents consider that CYP is to blame for extra-familial harm;
- Parents do not know the CYP's peer group.

FAMILY AND ENVIRONMENTAL FACTORS

- Financial pressures, including problematic or unmanageable forms of debt, and restricted access to public funds;
- Housing is stable, but dirty and not always safe;
- Lack of support from family network;
- History of criminal activity, and/or evidence of gang involvement;
- Family experiences social exclusion, bullying, and/or anti-social behaviour;
- Indirect links to proscribed organisations.

SCHOOL

- Where the CYP struggles with peer relationships;
- Where the CYP is being pressured to become involved in inappropriate behaviour;
- Where the CYP is being bullied;
- CYP is experiencing stress/anxiety due to academic pressure.

NEIGHBOURHOOD

- Neighbourhood has a negative impact on CYP;
- Where CYP feels unsafe and is uncomfortable travelling around or being in certain places.

PEERS

- Provide the CYP with good quality, socially appropriate, consensual and reciprocal relationships with some members that raise low level concerns;
- Supportive and age appropriate, but CYP has some difficulties with peer relationships.

ONLINE

- A safe, healthy and age appropriate digital activity space;
- CYP is aware of safe online behaviour and knows who to contact if they experience harm online;
- Parents are not able to put safeguards in place to provide online safety within their home.

TIER 3 – CHILDREN WITH COMPLEX MULTIPLE NEEDS

CHILD'S DEVELOPMENT NEEDS

- Some developmental milestones are not met and require specialist support;
- CYP is below age-appropriate academic expectations despite ongoing support, and CYP refuses to engage in education or employment;
- CYP has health issues, due to a health condition, poor diet, no physical activity, or substance misuse;
- Persistent demonstration of behavioural difficulties, which increases risk of anti-social behaviour, bullying, crime, substance misuse, and exploitation;
- CYP has a negative sense of self and abilities which is impacting on their outcomes and/or lacks emotional support. Concern that CYP may be self-harming or feeling suicidal;
- CYP is isolated and has communication difficulties;
- CYP expresses beliefs of extremism/ intolerance;
- CYP persistently goes missing;
- CYP shows consistent signs of neglect or abuse.

PARENTING CAPACITY

- Poor engagement with and resistance to recommended support and services;
- CYP discouraged from success in education or employment;
- CYP educated to hold extreme/ intolerant views and is accessing extremist imagery;
- Poor parenting is having a negative impact on CYP and appropriate boundaries are not set;
- Historic or current low-level domestic abuse impacts on CYP's emotional wellbeing and increases risk of CYP being a perpetrator or victim of abuse including CSE;
- Physical or mental health, learning difficulties, and/or substance misuse of parents impacts parenting, and parent unable to protect CYP from harm;
- Concerns around disciplining of CYP and/or harmful traditional practices;
- Parents consider that CYP is to blame for extra-familial harm;
- Parents do not know the CYP's peer group.

FAMILY AND ENVIRONMENTAL FACTORS

- Family's legal status puts them at risk of involuntary removal from the country;
- Housing is dirty and unsafe;
- Weak or negative family network;
- History of criminal activity, and/or evidence of gang involvement;
- Financial resources are not used in the best interests of CYP;
- Family experiences social exclusion, bullying, hate crime, violence, and anti-social or criminal behaviour;
- Strong links to proscribed organisations.

SCHOOL

- Where the CYP struggles with peer relationships;
- Where the CYP is being pressured to become involved in anti-social and/or criminal behaviour;
- Where the CYP is being bullied;
- CYP is experiencing stress/anxiety due to academic pressure.

NEIGHBOURHOOD

- Neighbourhood has a negative impact on CYP;
- Where CYP feels unsafe and is uncomfortable to travel beyond their immediate environment.

PEERS

- Expose the CYP to selling or using drugs;
- Make the CYP aware of others carrying weapons, resulting in them feeling compelled to do so as well;
- Pressure the CYP to become involved in anti-social and/or criminal behaviour, including gang involvement;
- Expose the CYP to violence and trauma.

ONLINE

- A space where the CYP is unsafe;
- Puts the CYP at risk of exploitation, and evidence of possible grooming.

TIER 4 – CHILDREN IN ACUTE NEED

CHILD'S DEVELOPMENT NEEDS

- Developmental milestones are significantly delayed creating risk of significant harm;
- CYP has complex health issues, due to a complex health condition, poor diet, no physical activity, or substance misuse;
- Persistent demonstration of behavioural difficulties, which places CYP at imminent risk of anti-social behaviour, bullying, crime, substance misuse, and exploitation;
- CYP has a negative sense of self and abilities which is exploited by others. CYP is self-harming or disclosing suicidal thoughts;
- CYP is completely isolated and has little or no communication;
- CYP expresses beliefs of extremism/ intolerance, and there are concerns that CYP is being groomed for involvement in extremist activities;
- CYP persistently goes missing, does not recognise risk, and may be involved in exploitation;
- CYP shows consistent physical and emotional signs of neglect or abuse.

PARENTING CAPACITY

- Parents neglect to access recommended support and services;
- Strong suspicions/ evidence of fabricated illness;
- CYP is actively obstructed and discouraged from success in education or employment;
- CYP educated to hold extreme/ intolerant views, is circulating extremist imagery, and/or family is planning on travelling to a conflict zone;
- Relationships between parents and CYP have broken down and appropriate boundaries are not set which exposes CYP to significant harm;
- Current domestic abuse is emotionally harming CYP, and CYP is at high risk of being or is already a perpetrator or victim of abuse including exploitation;
- Physical or mental health, learning difficulties, and/or substance misuse of parents significantly impacts care of CYP;
- Parent unable to protect CYP from harm and places them at significant risk;
- Parent physically harms CYP and/or may be subjecting them to harmful traditional practices;
- Parents blame the CYP for harm they experience outside of the home;
- Parents facilitate CYP's exposure to extra-familial harm.

FAMILY AND ENVIRONMENTAL FACTORS

- Family members at risk of deportation;
- Family has no stable housing, and their home is consistently dirty and unsafe;
- Highly volatile family network;
- Current criminal activity, and/or evidence of gang involvement;
- Poor financial resources and budgeting results in CYP's basic needs not being met;
- Family is social excluded and involved in bullying, hate crime, violence, and anti-social or criminal behaviour;
- Family and/or friends are members of proscribed organisations.

SCHOOL

- A place the CYP avoids in order to stay safe;
- Where the CYP has been, or is at risk of being, permanently excluded;
- Where the CYP is exposed to physical or sexual violence either at school or through school based networks.

NEIGHBOURHOOD

- Neighbourhood has a profound negative impact on CYP;
- Where CYP feels unsafe to travel beyond their immediate environment;
- Where the CYP has suffered, or is at immediate risk of suffering, significant harm.

PEERS

- Expose the CYP to abuse, including suspected rape;
- Exploit the CYP sexually or for criminal purposes, including serious youth violence and radicalisation;
- Cause significant harm to the CYP's wellbeing due to severe and/or complex relationship difficulties;
- Involved in a group sexual offence.

ONLINE

- Where the CYP is at risk of exploitation, and there is evidence of possible grooming;
- Unsafe and causing the CYP emotional harm.

Consent

Consent from parents/ carers should always be obtained by the referring professional prior to making a referral to CFCS for multi-agency checks, except if seeking consent would:

- Place a person (referrer, child, family member, worker or a third party) at increased risk of significant harm;
- Prejudice the prevention, detection or prosecution of a serious crime;
- Lead to an unjustified delay in making enquiries about allegations of significant harm.

Consent is not required for a tier 4 (child protection) referral, but it is best practice to obtain consent unless one of the above factors is applicable.

The referring professional must make it clear to the parents that the consent is for sharing information in a referral to CFCS and that information will be sought from other agencies as part of subsequent multi-agency checks.

Where the decision is made to make a referral without parental/ carer consent, the referring professional should record the reasons on the child's file and in the referral. The parent/ carer should be informed that a referral has been made.

Information sharing and confidentiality

Agencies agree, where practical, to check that the information disclosed to CFCS is accurate and up to date at the time of disclosure to assist the service in their decision making. Agencies are responsible for highlighting any sensitive information being shared where discretion is required.

Agencies agree to make a pragmatic decision as to whether the information they disclose to CFCS is relevant to the enquiry being made. Irrelevant or excessive information should not be disclosed.

It is important to always keep in mind that Children's Services operates on the principle that the welfare of the child is paramount and works to the philosophy that information must be shared related to certain adults in the family which could have an impact on a child's life and affect decision making.

Limited use and retention of 'sensitive' and 'non-sensitive' information collected will only be used by CFCS for the purposes of establishing whether a child or young person is suffering, or is at risk of suffering, harm and whether any serious criminal offence has been committed. Personal data will only be shared outside CFCS in accordance with this agreement and in compliance with GDPR.

The information gathered within MASH will be kept in MASH on a drive accessible only to MASH and the Head of Referral, Assessment and Safeguarding.

All this information will be held in accordance with London Borough of Sutton's [Records Management Policy](#). Partner agencies may also record information gathered on their secure databases.

7. PATHWAYS

All pathway flowcharts can be found in the appendices.

Both CFCS and Early Help managers oversee incoming contacts to CFCS. Contacts are RAG rated by a manager and a decision is made on its pathway through CFCS.

Once further information is obtained on the child and family it may be decided that the initial RAG rating and suggested pathway are not appropriate, and the contact will then be redirected to the correct pathway.

Contacts or enquiries to CFCS received via telephone calls will be screened by Business Support to ascertain if the caller is a professional, parent or member of the public, and the details of the child their call relates to before directing the caller to the most appropriate part of the service.

Timescales

Timescales for consideration and decision making of a contact by RAG rating are below:

RED (TIER 4) - 4 HOURS

AMBER (TIER 3) - 24 HOURS

GREEN (TIER 2) - 72 HOURS

Early Help

Where a contact is referred to the Targeted Early Help Service (TEHS) support for a child and their family will be assessed using the Early Help Assessment Tool (EHAT). Restorative Family Coaches will then determine the most suitable support for the child and family. This support may be provided by partners or by the TEHS and the Restorative Family Coach.

Other services provided by the TEHS include the Early Help and Prevention Panel, Change Up (for children at risk of exclusion), and Family Group Conferences (FGCs, also known as Family Meetings).

Referrals meeting at least two of the [Supporting Families Criteria](#) will be accepted by the TEHS. Any families that are referred that do not meet at least two of this criteria will not be accepted. For families that do not meet the

Troubled Families Criteria the service works closely with a range of partners and the voluntary sector to provide the right support packages for the child and family.

The flowchart in Appendix B shows the process of referrals through the CFCS that have been prioritised as a recommendation for Early Help Services and the possible outcomes for the case.

Step Up Process

Some cases allocated and open to Early Help Services may need to be stepped up due to a decision being made that the case meets tier 3 or 4 and is suitable for Children's Services intervention. See the flowchart in Appendix C.

Where a decision to step up to RAS for an assessment has been made, the Early Help practitioner will continue to work with the family during the assessment process, unless a decision has been made that this would not be appropriate.

Children with Disabilities (CWD)

Short breaks service (Early Help and CWD Team)

Where a referral for short breaks is received by CFCS and has met the criteria for a short breaks assessment, the contact will be sent to the TEHS to begin an EHAT and determine whether the level of need is for a core or enhanced short breaks offer.

Core offer: Where the child has a disability but has a lower level of need and does not require statutory social work support, parents/ carers can apply for short breaks. The core offer equates to up to three hours support a week, 52 weeks a year. Additional support can be considered.

The core offer is reviewed a year from the date of the EHAT being completed, or sooner if required. If at any time it is assessed that the child's needs have increased, an assessment will be undertaken by a social worker or assessor and consideration will be given to the package of support becoming enhanced.

Enhanced offer: Children who do not require a statutory intervention but do require significant support due to the complexity of their disability will be eligible for an EHAT which will determine the best package of support. This may include a combination of direct payments, agency support, after school clubs and in extremely complex situations, overnight respite. It may include signposting to appropriate voluntary or health organisations.

The level of support will be determined by the worker undertaking the EHAT in conjunction with the family based on an assessment of need.

Multi-Agency Safeguarding Hub (MASH)

Where a contact is RAG rated amber (tier 3) it will be directed to the safeguarding pathway and be considered by MASH.

Upon receipt of a referral, information from partner agencies is identified, collated and analysed to assess the nature and level of risk in order to decide further action to be taken by the multi-agency. All relevant operational teams and services should act quickly, in a coordinated and consistent way, to ensure that vulnerable children and families are kept safe from harm. The outcome of the MASH process aims to provide the fullest picture possible of all available information known within the safeguarding partnership.

Staff from each partnership agency will research, gather and determine information to be shared confidentially and securely with partners in order to enable an informed decision to be made. The principles of proportionality and relevancy help partners to determine what to share. The MASH team will use the collated information to decide the most appropriate intervention to meet the child's identified needs in consultation with partners.

While the MASH team will make recommendations for outcomes on all the contacts that they complete, the CFCS Team Manager is responsible for making decisions on all child contacts. Best practice would require some level of consultation with the relevant team manager who will receive the referral in Children's Services or Early Help Services. It is essential that the decisions made by the CFCS Management Team are proportionate, rational and in line with agreed thresholds to ensure the right decisions are made at an early stage of the child's journey.

Team Managers must monitor the MASH Screening Box and where a case is deemed to need further information through the MASH pathway, it will be allocated to a CRIO for a MASH enquiry.

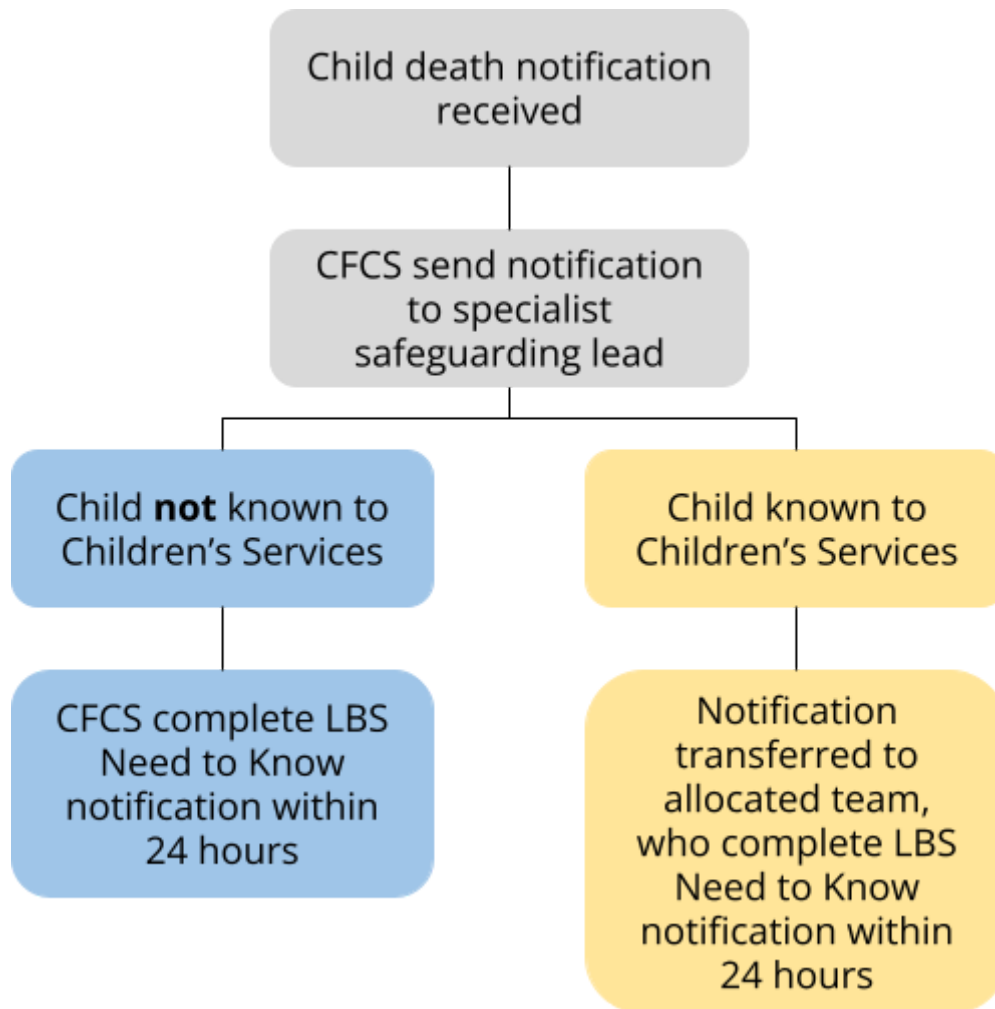
Six month rule

All cases which have been closed to Children's Services within the last six months will be screened in line with the processes for all other contacts. Contact with parents and professionals may be required and referrals to Early Help Services may be made if deemed appropriate, irrespective of the previous tier of intervention provided.

If unclear about threshold, the CFCS ATM can have a conversation with the Team Manager who closed the case previously. If a case is passed back to the team it was opened to in the last six months, an email to that manager, duty manager, and service manager are required.

8. CHILD DEATH NOTIFICATIONS

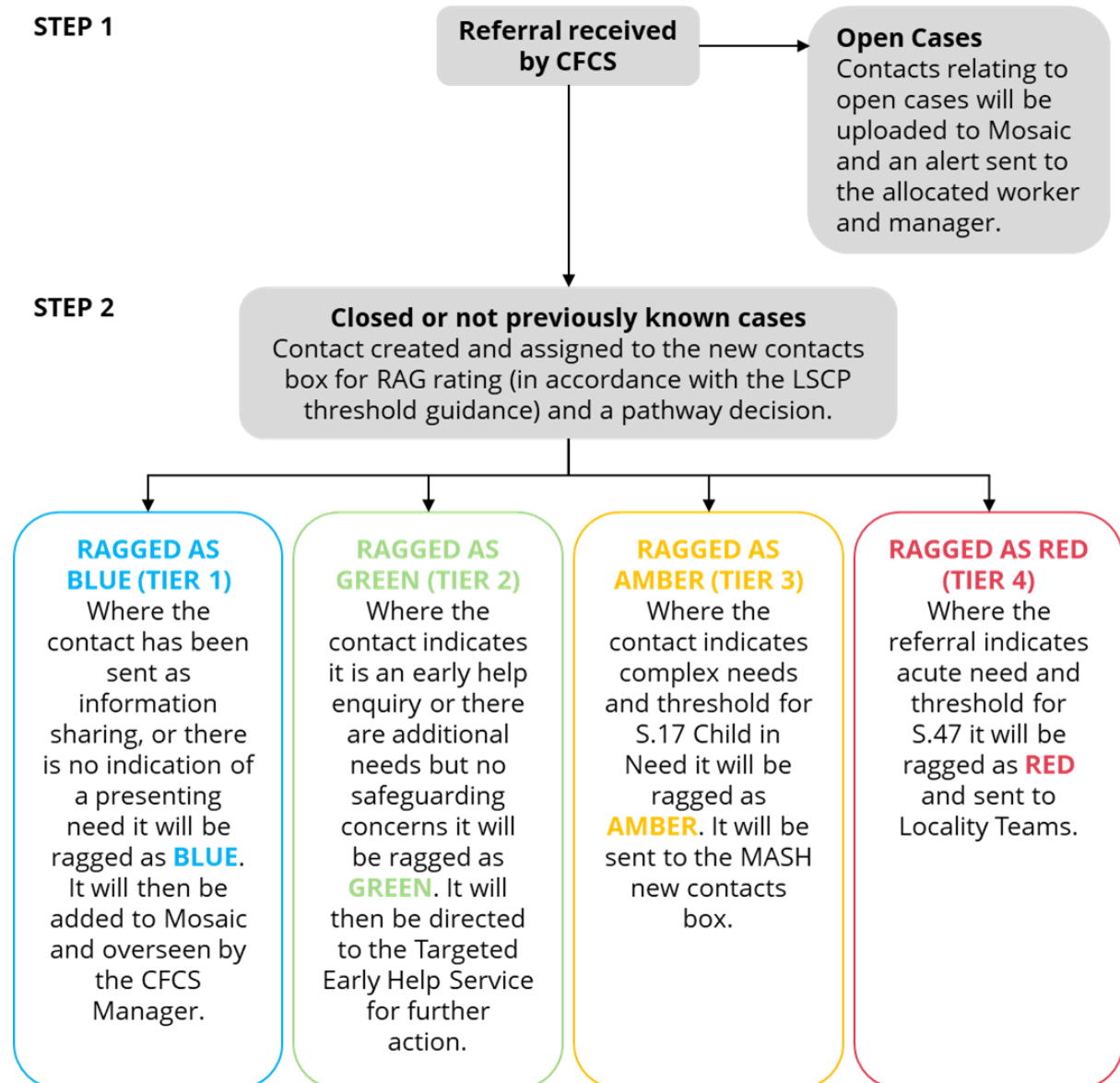
Where a child death notification is received to CFCS the following process applies. The LBS Need to Know notification form can be accessed here: https://docs.google.com/forms/d/1emhcxMKSGsKihhQU5Kqr6j_NdRrOd29wxcAozF6Unyl/edit



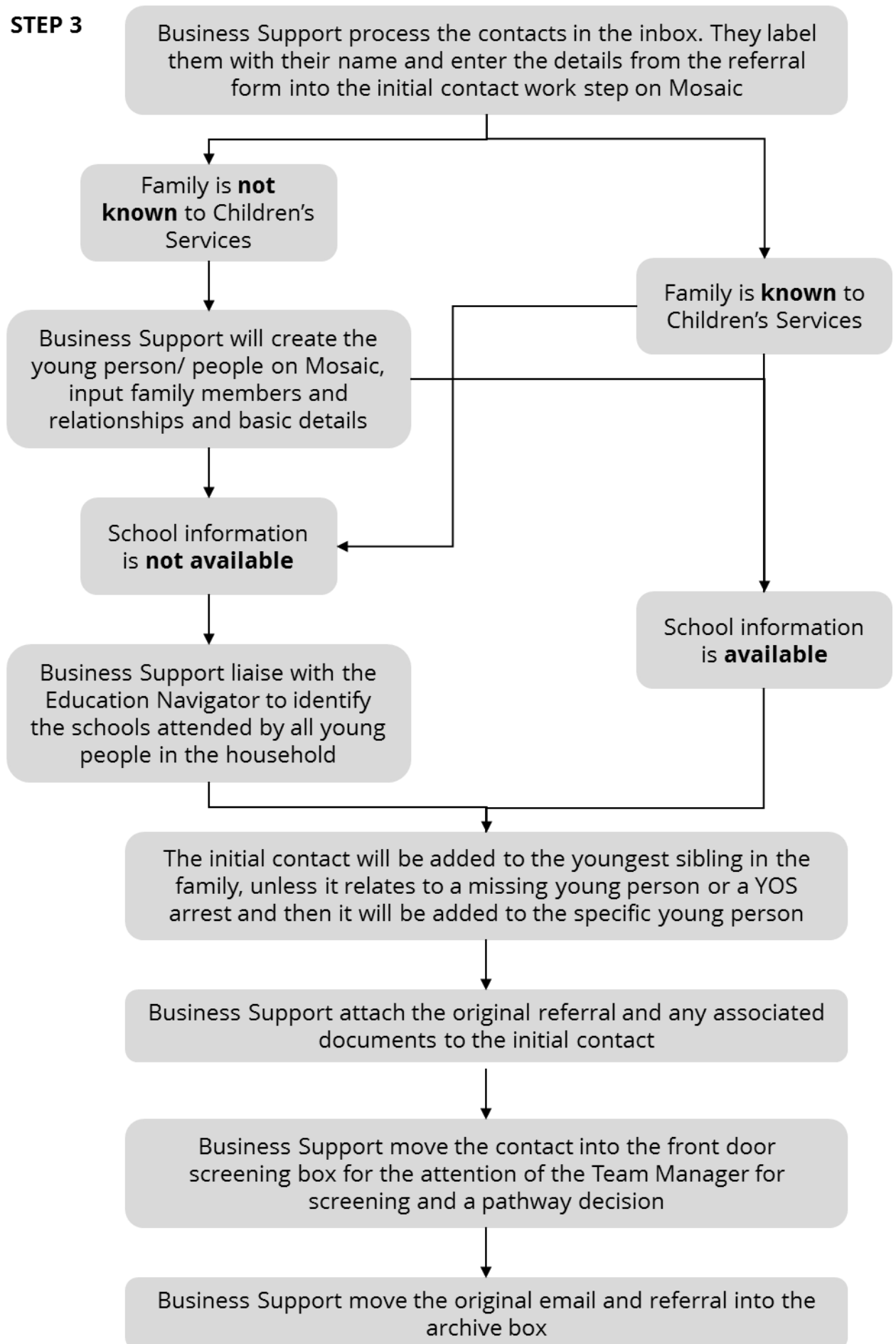
9. REFERENCES

- HM Government, '[Working Together to Safeguard Children](#)' (July 2018)
- [Sutton LSCP Threshold Guidance \(2020\)](#)
- London Safeguarding Children Partnership, '[Threshold Document: Continuum of Help and Support](#)'
- Sutton Targeted Early Help Service, '[Troubled Families Criteria](#)'
- London Borough of Sutton's '[Records Management Policy](#)'

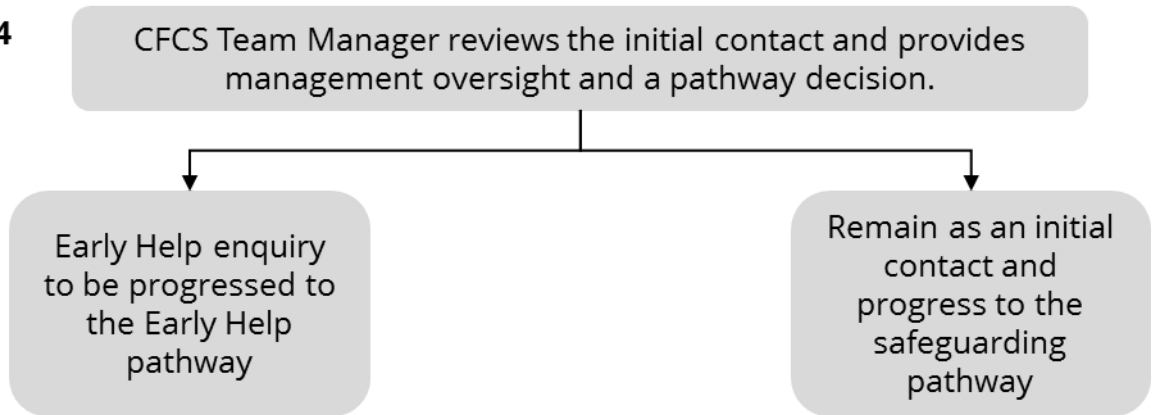
APPENDIX A. INITIAL CONTACT FLOWCHART



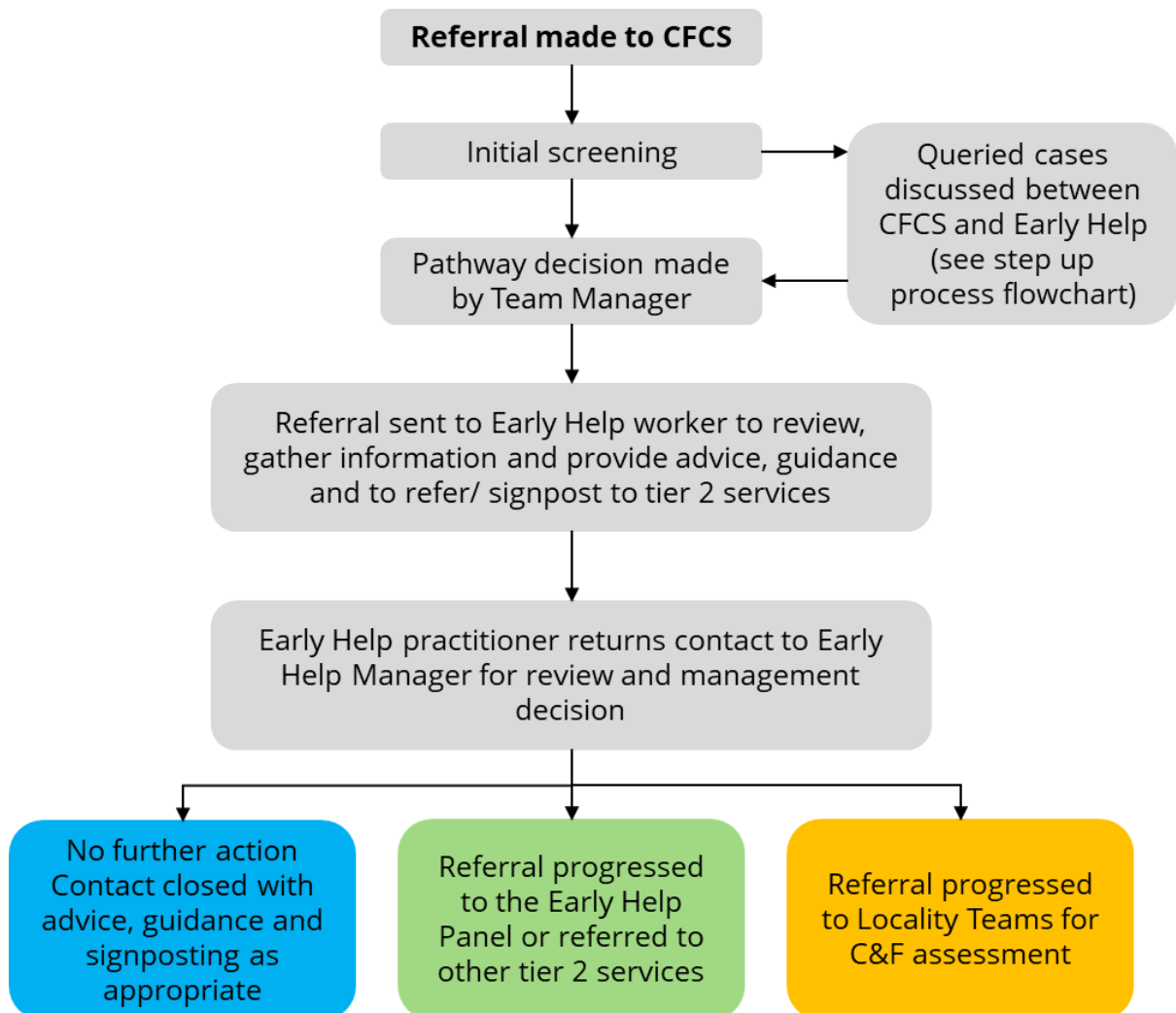
STEP 3



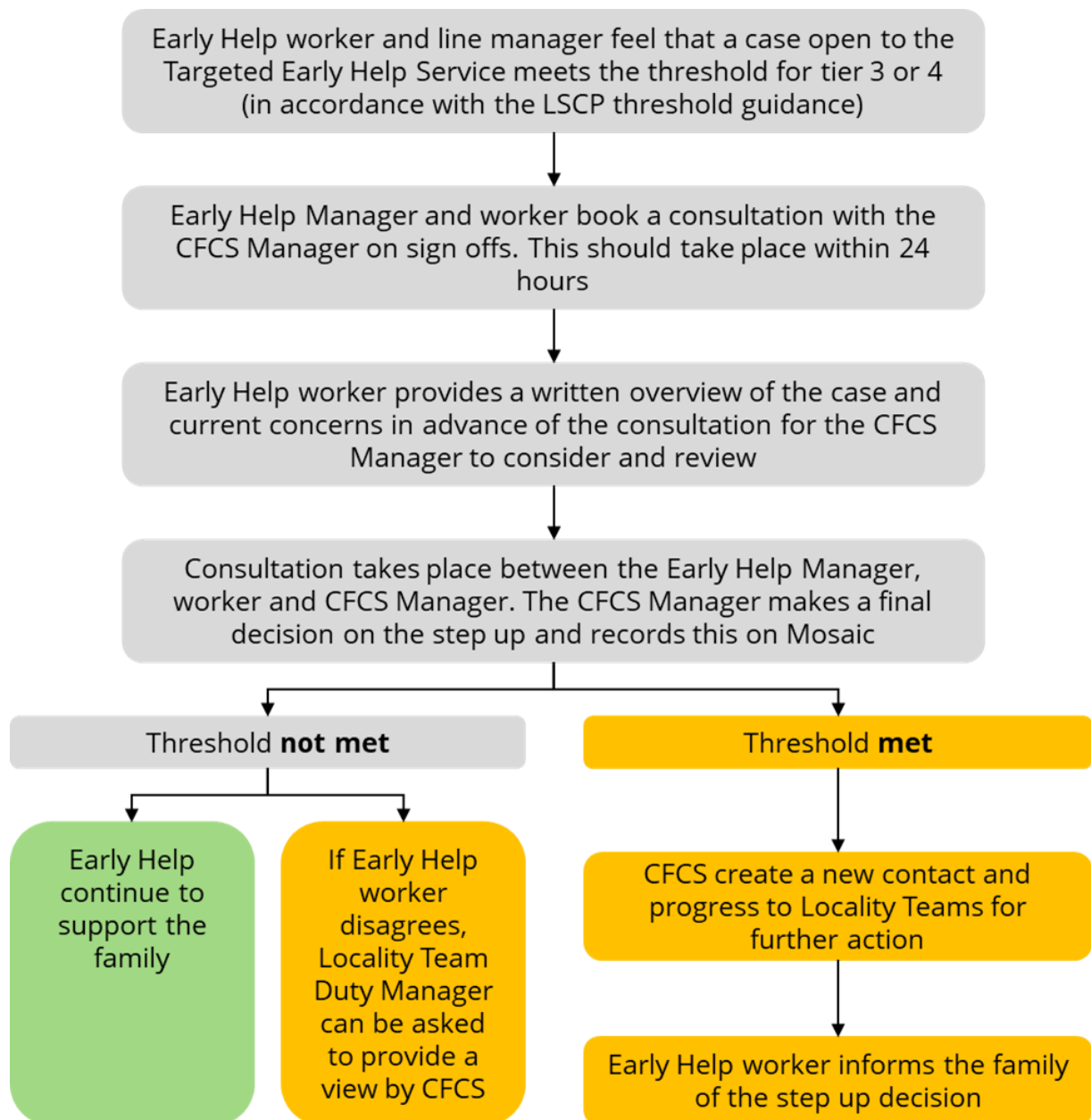
STEP 4



APPENDIX B. EARLY HELP PATHWAY FLOWCHART



APPENDIX C. STEP UP PROCESS FLOWCHART



APPENDIX D. SAFEGUARDING PATHWAY FLOWCHART

