



Camden Children and Families Contact Service

Operational protocol

2024

CONTENTS

	Page no:
1. Introduction and purpose	2
2. Information on the Contact Service	2
3. The First Stop Early Help Team	7
4. The Multi-agency Safeguarding Hub (MASH)	7
5. Referrals to the Contact Service	8
6. Action on referrals	9
7. Police MERLIN reports	12
8. Cases referred to the MASH	13
9 Confidentiality and information sharing	16
10 Evaluation and quality assurance	17
11 Resolving disagreements	18
Appendix 1:	
Children's referrals workflow	19
Appendix 2: Camden thresholds and eligibility criteria	20

1 Introduction and purpose of protocol

Camden provides a wide range of services to children and families ranging from preventative early help services to statutory intervention under child protection procedures. All requests and referrals for children's services are processed through the Children and Families Contact Service ("the Contact Service") which provides the single point of access to all children's services in the borough.

This protocol sets out how the Contact Service will deal with referrals and provides the framework for decision making that ensures the following:

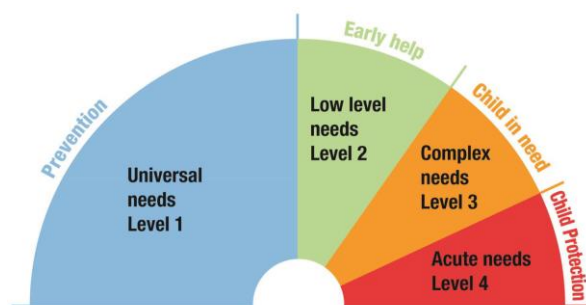
- the welfare of all children in the borough is safeguarded;
- all referrals and requests for children's services are dealt with in a timely and effective manner;
- decisions on referrals are of a high quality following good information sharing from agencies;
- thresholds for services are consistently applied across agencies;
- families are referred on to the most appropriate service at the first point of contact;
- partner agencies are confident that they can share information safely and securely;
- sharing information is done within the statutory framework;
- decision-making for families is streamlined and transparent;
- intelligence on community-based risk held by individual agencies is shared and analysed at an appropriate forum to ensure a multi-agency response to that risk.

The protocol should be read together with the *Contact and Referral* policy available at: [Contacts and Referrals \(trixonline.co.uk\)](https://trixonline.co.uk)

2 Information about the Contact Service

2.1 Description of service

The Contact service is responsible for processing all referrals and requests for children's social care services, making decisions on the most suitable and proportionate response based on the child's needs and the level of risk and passing on referrals to the most appropriate service as illustrated below.



The Contact service is made up of:

- The Multi-agency Safeguarding Hub (MASH) that deals with all referrals where there are safeguarding concerns about the child or the child is thought to be at risk of significant harm (levels 3 and 4) and where the case is likely to reach the threshold for a statutory social work service.
- The First Stop Early Help team (FSEH team) that deals with all referrals where there are lower level needs (levels 1 and 2) that do not reach the threshold for a statutory social work service but where extra services are needed in order to meet the child's needs, support the family and prevent issues from escalating.

2.2 Service structure

The **Contact Service** is made up of social work staff from Children's Family Help and Safeguarding (CFHS) and family support workers from the FSEH team:

- A dedicated full-time social work service manager who has equivalent qualifications and levels of experience of a CFHS social work manager and whose role is to oversee social work decision-making and inter-agency information sharing.
- Four senior practitioners who deputise for the service manager.
- One senior screening officer & 3.5 screening officers who provide service support to the team including processing all incoming referrals, checking and gathering information from key databases, screening of telephone calls and producing reports.
- Four social workers who carry out information gathering and history taking on cases and who collate and analyse the information and make a threshold decision and recommendation on action to the manager.
- The First Stop Early Help Service Manager who oversees early help support to the contact service.

Contact Service protocol

- 2 Early Help team managers responsible for triaging and allocating work across the Early Help offer which includes; IEYS (Integrated Early Years Service Children's Centres for the under 5s); Family Services; Transformation Team/Complex Families; YEH (Youth Early Help for young people aged 13+), early help FGC and the First Stop Early Help team. The team managers supervise and oversee the decision making and case direction in the team.
- 5 Early Help Coordinators responsible for matching needs to services and providing information, advice and guidance to families. They also offer consultations to professionals supporting families in order to implement Early Help processes in the community to support children, young people and families as early as possible.
- 6 Family Workers responsible for completing a brief Early Help Assessment to identify needs, putting in place a professional network around the family and convening a Team Around the Family (TAF) meeting, with the aim of handing over the role of Lead Professional to a suitable member of the TAF to work with the family in the community against a clear plan. Cases are open for a maximum of 12 weeks.

The following staff are from partner agencies and are part of the **MASH**:

- A full-time detective sergeant whose role is to manage the police team, take an overview of the information shared and decide on further action by police where a crime has been committed.
- Two full-time police officers and two full-time researchers who carry out checks on police computers and provide analysis of this information, including intelligence, identification of patterns, trends and relationships in order to inform early intervention.
- Four sergeants from the Child Abuse Investigation Team are available who hold initial child protection strategy meetings with the MASH.
- A full-time Named Nurse Children and Safeguarding and MASH Health Liaison nurse health visitor who checks the community health system (RIO) for information and liaise with other sections of the health service, and where appropriate gathers all relevant health information on the child and family as well as attending strategy meetings.
- A probation officer who provides information from the Probation Service databases Delius and Oayses.

Contact Service protocol

- The Child Exploitation and Missing Co-ordinator leads a team that collates information on CSE and CCE activity in the borough and provides analytical, statistical and intelligence information and reports to the Multi-agency Child Exploitation (MACE) group in support of the group's strategic role in preventing and tackling CSE and CCE in Camden.
- The team also includes 2 missing outreach workers who conducts return interviews and provides support for young people aged 12 years and over who have been reported missing.
- A Youth Early Help officer who provides information from their databases, is available for case consultations and completes referrals to their service when required.
- A representative from CRI service (substance misuse services) who provides information from their databases, is available for case consultations and completes referrals to their service when required.
- A representative from Camden Safety Net who provides information from their databases, is available for case consultations and completes referrals to their service when required.
- A representative from CAMHS who provides information from their databases, is available for case consultations and completes referrals to their service when required as part of a pilot.
- The Contact Service is able to contact the Integrated Early Years Service duty directly for support and information as part of the early help offer.
- A full time education professional is available to provide liaison with schools and educational establishments.

A structure chart of the team is shown at appendix 2 and a list of MASH partners is shown at appendix 3.

2.3 Availability and cover arrangements

- Full-time team members from CFHS and the FSEH team are expected to be available between 9am and 5.15pm Monday to Friday.
- The following MASH partners should be available as stated:
 - The MASH health liaison nurse will work full-time hours Monday to Friday;

Contact Service protocol

- The Probation Officer will be based in the MASH team on Wednesday and will be the allocated link worker from Tuesday to Friday when not co-located.
- The Missing and Child Exploitation team will be based in the MASH team on a full time basis.
- The YEH officer will be based in the MASH team on a full-time basis.
- A virtual representative from the CRI duty service will be available as required.
- Police personnel will be allocated to the MASH team on a permanent basis.
- The Camden Safety Net advisor will be based in the MASH Team four days a week and will be link worker on a Friday.
- The CAMHS advisor will be based in the MASH on Tuesday afternoon's and Thursday afternoons, and will be the link worker when not co-located.

In the event of any partner agency member being unavailable on any day, their originating agency will be responsible for ensuring suitable cover is available. Any issues relating to cover should be reported to the team manager.

2.4 Management, supervision and training of service members

All service staff, regardless of their originating agency, should have:

- the relevant professional qualifications, experience and levels of access to agency databases needed to carry out their role effectively
- an up to date enhanced DBS check in place; it is the responsibility of the agency to ensure the enhanced DBS is continually renewed every 3 years in line with Camden's corporate policy.
- received safeguarding and child protection training at a level that is relevant to their role, normally group 3/4
- access to regular and effective supervision from their line manager that meets their needs as a member of the Contact Service.

Contact Service protocol

Originating agencies remain responsible for the line management and supervision of individual MASH team members in line with the originating agency's own policies and as set out in the MASH Governance Arrangements. This includes identifying and meeting the worker's training needs.

All agencies are responsible for ensuring staff have received suitable training to enable them to carry out their role. Core training should include:

- relevant training on computer systems, ie: MOSAIC, Northgate, I-Casework, Camden Residents Index, Impulse & Housing Needs Group
- child protection training for groups 3/4
- confidentiality and information sharing.

3 Information about the First Stop Early Help team

The First Stop Early Help Service is for any Camden child or young person between the ages of 0-19 years and their family. It is part of the wider Early Help offer in Camden and is located with MASH in the Children and Families Contact Service.

The Service comprises two teams:

- **First Stop Family Support:** a team of family support workers who offer brief interventions for families with lower level needs, with the goal of identifying a lead professional or community anchor to provide ongoing and sustainable support to families. The team also provide direct work with a family for up to 12 weeks.
- **First Stop Community:** a team of coordinators providing information, advice and guidance to professionals and families about available early help services, and where necessary support families by clearly identifying what support they need and which service is best placed to offer support. The team triage cases and match family needs to other more intensive early help services in Camden where a more longer-term intervention or support may be needed. They also provide consultations to professionals who need support in referring families for early help or where thresholds for statutory intervention have not been met.

The Service Manager of the First Stop Team chairs the weekly Early Help Panel which is used to discuss case trajectory for complex early help cases and for cases being stepped down from CFHS social work teams. It also brings together early help professionals to think together about the needs of a family and ensure their needs are matched to the right early help service.

4 Information about the MASH team

The MASH is a partnership of agencies that have a duty to safeguard children and who have agreed to share information they have on families and children and work within an integrated team in order to improve decision-making whenever there are concerns about a child.

Team members are co-located and share and analyse information from their agency's database in a safe, managed environment so that social work decisions on intervention can be made quickly and are based on the widest and most accurate information available.

The MASH team are also responsible for identifying risk and harm at a community level, enabling agencies to share information on specific risks, victims and perpetrators and allowing a multi-agency response to address these risks.

Co-located agencies working in the MASH and needing access to their originating agency databases do so separately from the council IT infrastructure to ensure the integrity and security of the system and data. Each service has individual, dedicated lines and routers into the building that provide a link to service databases. Access to the health service system, RIO, is via the N3 link.

- No agency will be able to access another agency's database; information sharing will take place on request from CFHS, with the individual agency interrogating their own databases and providing a written summary of the information to the MASH social worker.
- Staff from all agencies will be expected to comply with their respective agency's IT code of conduct in terms of not sharing passwords, locking computers when away from desks etc.
- MASH information that is shared with CFHS must be sent via the individual agency's secure email system so it is an expectation that every agency has a secure email system in place.
- All agencies should comply with the MASH Information Sharing Agreement in order to keep information confidential and secure.

The MASH service manager is responsible for co-ordinating and directing MASH operations and ensuring that MASH team members carry out their respective roles so that the MASH process runs smoothly and the main objectives of the MASH are met. This includes liaising with CFHS managers and the FSEH team manager on a daily basis in order to facilitate the child's journey meeting which allocates cases and to ensure the smooth transition of cases through the MASH.

Contact Service protocol

The MASH service manager should also liaise closely with the police sergeant, health representative and the allocated Probation Officer. Issues relating to individual MASH team members should be raised with their originating agency.

5 Referrals into the Contact Service

The Contact Service receives all referrals for children and young people aged 0-18 who are normally resident in Camden and who are in need of a social care service.

Referrals include:

- all Police MERLIN reports where the child comes to the attention of the police where there are safeguarding concerns;
- e-CAF referrals from professionals
- all requests for information from courts, local authorities and other services about whether a family are known to CFHS
- EDT reports where the family is not known to CFHS
- all telephone call referrals requesting a children's social care service.

Referrals for the Child and Adolescent Mental Health Service (CAMHS) will be dealt with by the Contact Service in the first instance to screen for safeguarding issues before being passed on to CAMHS and to Early Help or the MASH as appropriate to the presenting issues.

Anonymous referrals from members of the public will be accepted and will be given the same priority and dealt with in the same manner as all other referrals. However, professionals who are making referrals are expected to give their name and designation, although where there is good reason to do so, CFHS may try to keep the identity of the professional referrer from the family.

EDT reports where the family is known to CFHS or the FSEH team will be sent to the allocated social worker or family worker. All other EDT reports will be sent to the Contact Service screening officer to create a CSF contact record for screening by the Contact Service senior practitioner.

Any requests for information about a family that are known to CFHS or the FSEH team will also be sent to the allocated worker.

Contact Service protocol

Police checks will have been carried out by MASH Police Public Protection Desk officers for closed and not known cases prior to the Police MERLIN being sent to the screening officer. However social workers receiving a MERLIN via the Contact Service will need to request further checks from the Police CAIT.

For allocated cases, if the Contact Service screening officer passes a MERLIN to an allocated social worker, then the worker will be responsible for carrying out further network checks including checks with the police as no other checks will have been taken out by the Contact Service.

Case consultations

Contact Service social workers will be available to discuss a case with partner agencies prior to the agency making a decision on referral; this may include a “no names” discussion. The purpose of the discussion will be to explore the most appropriate and effective way of providing or obtaining help and support for children and families, provide advice and guidance on making a referral and how best to involve parents.

Prior to a case consultation, professionals must ensure that they have followed their agency’s safeguarding process including a discussion of the case with the agency’s designated, named safeguarding lead and/or the named person providing safeguarding supervision.

As part of the consultation, professionals should be clear about what concerns are held and what is needed from the consultation and should provide information on what actions have already been taken to address concerns and the impact of any actions.

The Contact Service social worker will record details of the discussions and recommendations made but will not record the child’s name (if anonymous) or will ask the agency involved to send a CAF referral within 2 hours of the discussion.

6 Informing parents of referrals

Agencies should inform parents of any referral that will be made but do not need to seek consent as the Children Act 2004 allows agencies to refer the child without parental consent. However, it is good practice to seek the agreement of families.

Agencies may dispense with informing parents that a referral is being made only where there is good reason to believe that the child would be at risk of significant harm if parents were informed of the referral and that this may:

Contact Service protocol

- place the child at risk of further harm
- prejudice the investigation of a criminal offence
- cause undue delay to a child protection enquiry.

Where a referral is accepted without parental knowledge, this must be recorded on MOSAIC and the reasons given.

7 Action on referrals

All written and telephone referrals are dealt with by the Contact Service and e-CAF referrals should be sent via the admin folder on MOSAIC which will be checked on a daily basis for incoming e-CAF referrals by the Contact Service screening officers.

- Written referrals should be sent securely to the MASH mail-box:
LBCMASHadmin@camden.gov.uk.cjism.net
- or password protected and sent to the MASH non-secure mail-box:
MASHadmin@camden.gov.uk

7.1 Dealing with referrals

The screening officer should check to see if the case is already open to CFHS or any of the Early Help Teams and if it is, pass the e-CAF on to the allocated worker if necessary.

If the case is closed or not known, the screening officer should complete a *Child and Family contact record* in the CSF contact step and record whether or not the family are already known to CFHS or Early Help services on the *contact record*. A MOSAIC case record must be set up for all families referred into the Contact Service where the family are not already known.

The *contact record* should then be sent to the senior practitioner for an initial RAG rating.

- All **Red and amber cases** where there are child protection concerns will be passed to the MASH manager and dealt with under MASH procedures (see section 8).
- All **Amber cases** where there is no risk of significant harm but where the child is a child in need will be allocated to the most suitable CFHS social work team and the senior practitioner will complete the *Contact and Referral Record*. If the MASH is uncertain about the threshold or trajectory of the case it will be passed for inclusion in the daily child's journey meeting where the case will be

Contact Service protocol

allocated to the most suitable CFHS social work team to begin the child and family assessment.

- All **Green** rated cases will be passed via the MOSAIC tasked to the Early Help duty team manager who will complete the *CSF contact* and decide whether an *Early Help referral decision* record is required. If needed cases will be referred on to the FSEH team for Information Advice and Guidance, an Early Help assessment or the Early Help Panel where a decision will be made on the most appropriate Early Help service.
- Any case where the **family have previously been known to CFHS**, regardless of its initial RAG rating, will be passed directly to the MASH manager to be dealt with under MASH procedures.

7.2 Timescales

- Red cases must be prioritized with information from MASH partners expected to be available within 4 hours.
- Amber cases should be dealt with within 24 hours of the referral into the MASH team, including information sharing by MASH partners and referral on to the relevant service.
- Borderline CIN cases where further checks are needed to establish the final RAG rating should be dealt with within 3 working days.
- Green cases should be referred on to the FSEH team within 3 days, but there should be no delay in referring the case on so that the family can start to get the help they need as soon as possible.
- EHRD should be completed within 10 working days where a final decision is made about whether an Early Help assessment is required.

7.3 Recording and retention

- The child's NHS number should be used as the unique identifier within the Contact Service; the worker allocated to deal with a MERLIN should liaise with the health professional in MASH who can access this information from RIO.
- The case record number generated by MOSAIC may also be used by agencies to identify cases and cross reference with agency databases.

Contact Service protocol

- The NHS number and MOSAIC case number should be quoted in all communications sent between agencies within the Contact Service and used in the email title rather than the child's name.
- Details of Contact Service activities should be recorded on the relevant workflow on MOSAIC by the social worker and Contact Service manager.
- Where the case is passed to the MASH team because there are concerns about the child's welfare, summaries of information provided by MASH partners, the social work analysis of this information and the rationale for decisions made on RAG ratings and further intervention should be recorded on the MASH record.
- Access to the MASH workflow will be strictly limited to those CFHS staff members working within the MASH team.
- The Contact Service manager is responsible for ensuring that the workflow and associated records are complete by the end of the process.
- Health services should ensure that the health records of children dealt with by the Contact Service and MASH are flagged up to identify their vulnerability.
- Contact Service records on MOSAIC will be retained in line with departmental file retention policy. Children in need and child protection cases will be held for 25 years and cases requiring early help services will be held for 5 years.

8 Merlin Reports

Each morning, the police will check all MERLIN notifications involving children. The Police Public Protection Desk (PPD) officers work from 07:30am to ensure that all Merlin reports with a RAG rating of Red or Amber are prioritized and passed to the screening officer to process by 09:00am.

For closed cases and children not known to CFHS, the PPD officers will carry out the necessary background checks on the main adults noted on the police Merlin report. The information will include any known risks and issues that may impact on the child's safety and welfare, and the circumstances of the child, the household and the main carer or adult. The police will also make a recommendation on what level of risk is present based on Camden's thresholds and eligibility criteria shown in appendix 2.

The PPD officers will then allocate a RAG rating to the incident to highlight the level of concern from a police perspective. This RAG rating is then checked by the police decision maker who oversees the police team to check the information, agree the

Contact Service protocol

level of need identified and decide if any further police action needs to be taken in respect of any crime committed.

Once the police decision maker has checked the information then the PPD will pass the Merlin reports to the Contact Service screening officer who will then create a *Child and Family contact record* in the *CSF contact step* and attach the Merlin report to the *Child and Family contact record*.

The reports are distributed as follows:

- All closed cases and cases that are unknown to CFHS should be passed to the Contact Service senior practitioner for RAG rating.
- If the case is open to CFHS or the FSEH team, the screening officer should forward the Merlin report to the allocated social worker, family worker, senior practitioner & team manager.
- All adult Police Merlin reports will be passed directly to adult services via secure e mail.

Police MERLINS involving crime or anti-social behaviour by a young person will be passed directly to the IYSS to deal with unless there are safeguarding issues. In safeguarding cases, the MERLIN will be passed to the Contact Service to be processed as described above, with close liaison with the named contact in IYSS.

Police MERLINS concerning domestic abuse should be checked to see whether there are children in the family and therefore whether there is a safeguarding concern. All domestic abuse MERLINS should be sent to Camden Safety Net.

9 Cases referred to the MASH

9.1 Referral to the MASH

All **Red and Amber** cases where there are child protection concerns and any referrals where the family has previously been known to CFHS should be passed to the MASH manager.

Where a new contact is received on a case open to the Early Help Service, the case should be passed to the MASH team for screening and to inform decisions on whether thresholds have been reached to escalate the case to a CFHS for a social work intervention. These cases will be dealt with under the *Early Help step up policy*: <https://ascpractice.camden.gov.uk/media/3657/step-up-from-early-help-to-CFHS-guidelines.pdf>

Contact Service protocol

Before carrying out any work on the case, MASH workers will always attempt to make contact with the family to check that they are aware of the referral and explain that network checks will be carried out. The explanation should include what information will be sought, from whom and why this is necessary.

For cases where the family was previously known to CFHS the MASH manager should review the initial RAG rating by checking the MOSAIC case record before making a decision on whether or not to escalate concerns and amend the RAG rating.

- If the case is reviewed as a **Green** RAG rating the MASH manager should pass the referral on to the FSEH team but record clearly on the *CSF contact record* why the case has not met the threshold for a statutory social work service. Only information that is relevant to the referral should be shared.
- If the case is reviewed as a child in need **Amber** RAG rating the MASH manager should request that the senior practitioner completes the *Contact and Referral record* and pass the case on to the most appropriate CFHS social work team or refer the case on to the Daily Discussion meeting to review the threshold decision and/or case trajectory.
- If the case is reviewed as a child protection **Amber/Red** RAG rating the case should be dealt with under MASH procedures as set out below.

9.2 MASH information sharing

Only cases with a **Red or Amber** RAG rating where there is a risk of significant harm will enter the hub and be subject to information gathering by all MASH partners. All information gathered within the MASH will be recorded on the *MASH record* where 3 or more agencies provide information, otherwise information gathered from agencies will be recorded on the *CSF Contact Record*.

The MASH social worker should liaise with the partner agencies to gather relevant information via CJSJ email. At the same time the MASH workers should screen information about a family via MOSAIC and Camden Residents Index (CRI) to gather information.

MASH partners should check their agency databases and send this information by secure email to the MASH social worker. There should be no limits to sharing information within the MASH and partner agencies should consider all information known by their agency and how it will help social workers in deciding what action to take to support and protect a child.

Contact Service protocol

When sharing information, partner agencies need to specify whether or not they want the information to be shared with any agency to whom the case will be referred on to or with families.

Once all information is gathered, the social worker should analyse the information and record a summary of the information and a recommendation as to level of need and action required on the *MASH record*.

The *MASH record* should be passed to the MASH manager who will discuss the findings with the social worker, review the information and summary and allocate a final RAG rating which should be recorded on the *MASH record*.

9.3 Referral on from MASH

Once the final RAG rating has been given, the MASH manager should refer the case on to the most appropriate service depending on the RAG rating. The MASH manager should complete a *Contact and Referral record* but this should be followed by an email to the relevant manager to share information. The MASH manager should record a note of what information was passed on the agency on the MASH record.

When making referrals, workers should share information by telephone conversation with the receiving service. Only information that is relevant to the referral should be shared, and only where the agency that provided the information has consented to sharing.

Where the MASH team have held a strategy discussion on a case due to urgent child protection concerns, the MASH manager should complete a *Contact and referral record* and pass this directly to the allocated social work team in order to avoid holding up the child protection workflow on MOSAIC.

9.4 Allocation to CFHS

All cases that meet the threshold for a CFHS service will be allocated to the most appropriate social work team in line with the *Allocation and transfer of cases policy*: <https://ascpractice.camden.gov.uk/media/3740/allocation-and-transfer-of-cases-policy.pdf>

Where possible, cases proceeding through the MASH should be dealt with via email and/or discussion between MASH partners and the team manager of the team to whom the case will be allocated.

10 Confidentiality and information sharing

The key purpose of the Contact Service is to share information about children and families in order to make high quality and timely decisions about interventions. Information shared by Contact Service members is likely to be sensitive in nature and will have been gathered for different purposes but can only be shared in order to safeguard a child, and no further use of the information can be made of the information. The MASH Data Sharing Agreement sets out the rights and duties of all MASH partners in relation to the information shared within the MASH.

The Contact Service has a legal basis under the Children Act 1989 to share information without consent for the purposes of safeguarding children. However, parents should be informed that information will be shared unless:

- the child is in immediate danger and this will put the child at risk of further significant harm **or**
- it would prejudice a criminal investigation **or**
- it could lead to unjustifiable delay in enquiries.

Parents should be informed:

- what information will be shared;
- why this information is needed,
- what it will be used for
- to whom it will be disclosed.

When sharing information, agencies will only share information that is relevant to the concerns raised and that is proportionate to the level of risk to the child indicated on the referral.

All partner agencies agree that information shared in the MASH:

- should not leave the MASH except as agreed for the purpose of referring a family on for services and interventions
- must be used only for the purposes of safeguarding children
- should only be passed on to third parties with the consent of the agency who provided the information
- is highly confidential and should not be discussed outside of the MASH.

Agencies will use the MASH risk assessment template to gather and report relevant information held by the agency and will provide any specific information requested by the allocated social worker.

11 Evaluation and quality assurance of the Contact Service

- Each agency is responsible for ensuring the quality and accuracy of information provided.
- Agencies remain responsible for the professional conduct and quality of work of their staff working within the Contact Service and should take action to address any capability or disciplinary matters.
- This protocol and the data sharing protocol will be reviewed annually by the MASH strategic group.
- The operation of the Contact Service will be evaluated on a quarterly basis by the steering group using management information provided by the CFHS Quality Assurance Unit.
- The Service manager will provide a 6 monthly report to the staying Safe sub-group of the Camden Safeguarding Children Partnership outlining outcomes of cases dealt with by the Contact Service, timescales for decision making and any issues arising from multi-agency working, as well as details of any emerging issues or new risks identified within the community.

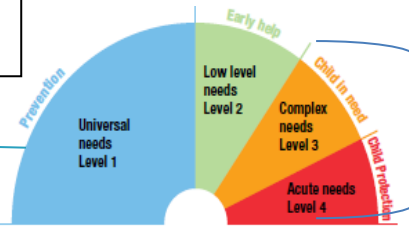
9 Resolving disagreements

This protocol aims to provide the framework for multi-agency information sharing that improves outcomes for children and families. In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the CSCP escalation policy available at:

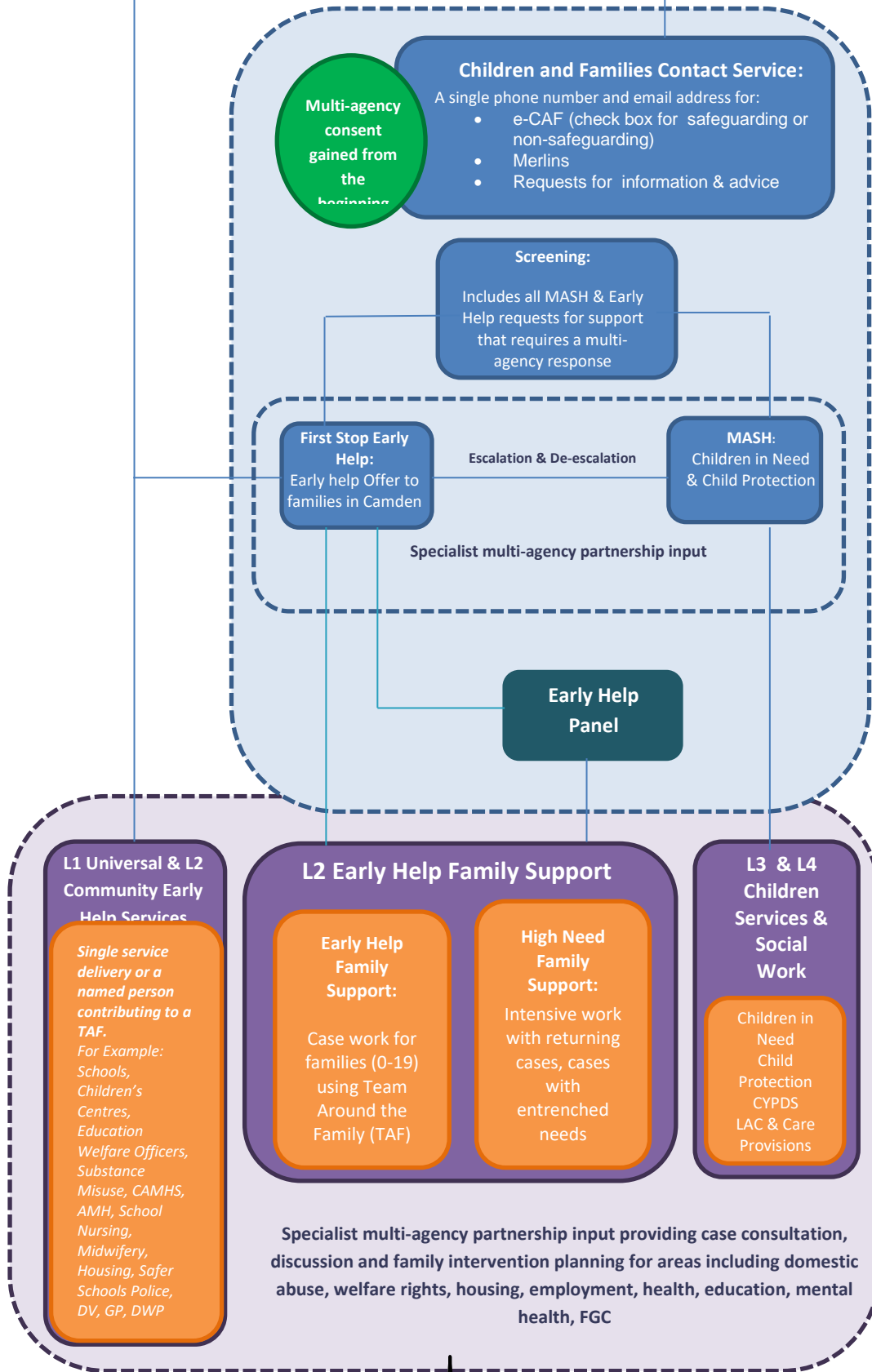
[Escalation Policy - Camden Safeguarding Children Partnership — CSCP](#)

Children's Services Workflow

L1 universal service or L2 single agency accessed directly



L2 multi-agency & L3/4 services



- Workforce Development for the partnership
- Consistent approach to whole family working
- Partnership Outcomes Plan & reporting

Appendix 1 Camden’s thresholds and eligibility criteria

	Tier of need	Description of children at this tier	Responses
Universal	<p>Tier 1: Universal: These are children with no additional needs; all their health and developmental needs will be met by universal services. Children will consistently be receiving child focussed care from their parents.</p>	<p>Children living in stable, loving homes who are in good health and whose development is appropriate to their age.</p>	<p>All children should receive universal services such as health care and education, as well as early years and Integrated Youth Support Services. Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to early help intervention.</p>
Early help	<p>Tier 2: Early Help: These are children with additional needs who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. These children may be subject to adult focussed care giving.</p> <p>This is the threshold for a multi-agency early help assessment to begin. Children will require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children’s centres. These will be provided within universal or targeted provision and do not include services from statutory social work services.</p>	<ul style="list-style-type: none"> • Children with mild disabilities or health issues • Children with special educational needs • Children who are missing from education or persistently absent from school • Young carers • Children showing signs of engaging in anti-social or criminal behaviour or who are vulnerable to extra-familial harm • Children growing up in difficult family circumstances where there are low levels of substance misuse, adult mental health difficulties or domestic violence • Families affected by parental ill health, parental custody, homelessness, poverty, immigration or other problems • Children showing early signs of developmental delay • Families affected by social isolation, discrimination or harassment • Children who show early signs of being radicalised by people outside of their immediate family. 	<p>Professionals should talk to the family about carrying out an Early Help assessment in order to identify appropriate services that could improve outcomes for the child. Where more than one agency is involved, a lead professional should be identified and the Team Around the Family should meet to devise an action plan that meets the child’s additional needs. Where concerns escalate and the thresholds have been met for a child in need service, a step-up referral should be made to CSSW.</p> <p>Where there are concerns that a child may be being radicalised, professionals should discuss the matter with Camden’s Prevent Co-ordinator or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.</p>

Contact Service protocol

	Tier of need	Description of children at this tier	Responses
Child in need	<p>Tier 3: Children with complex multiple needs: These are children who require specialist services in order to achieve or maintain a satisfactory level of health and development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases children's needs may be secondary to adults needs. This is the threshold for an assessment led by children's social care under section 17 although the assessments and service required may come from a range of provision outside CSSW.</p>	<ul style="list-style-type: none"> • Children with lifelong disabilities • Children whose growth and development is being impaired by the quality of care received • Children exhibiting high levels of behavioural difficulties or who are out of parental control • Children at risk of extra-familial harm, eg sexual/criminal exploitation. • Pregnant women whose lifestyle may be affecting the development of the unborn child • Parents experiencing difficulties in parenting capacity due to substance misuse, physical disability, learning difficulties, domestic abuse or family violence or mental health issues • Children with high levels of emotional difficulties who may need a service from CAMHS • Children who show more advanced signs of being radicalised and where parents or siblings may be involved in radicalisation. 	<p>Professionals should talk to the family about making a CAF referral to CSSW for a child in need service. CSSW will carry out a child and family assessment and convene a child in need meeting to develop the child's CIN plan. The allocated social worker will be the child's lead professional.</p> <p>Where there are concerns that a child maybe being radicalised, professionals should discuss the matter with Camden's Prevent Coordinator or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.</p>
Child protection	<p>Tier 4: Children in acute need: These children are suffering or likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This tier also includes Tier 4 health services which are very specialised services in residential, day patient or out-patient settings for children and adolescents with severe and/or complex health problems. This is likely to mean that they may be referred to CSSW under sections 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.</p>	<ul style="list-style-type: none"> • Children requiring accommodation because there is no-one who is able to care for them • Children whom it is suspected are being physically, emotionally or sexually abused or neglected or living with high levels of domestic abuse or family violence • Children experiencing extra-familial harm including sexual and/or criminal exploitation • Children who may be at risk due to trafficking or modern slavery, forced marriage or FGM • Unborn babies where a pre-birth assessment has shown them to be at serious risk of significant harm. 	<p>Professionals must make a referral to CSSW. If the matter is urgent, professionals can make a child protection referral to the MASH by telephone and follow up with a written referral within 48 hours. CSSW will carry out a child and family assessment and take appropriate action needed to safeguard the child under statutory child protection procedures. The allocated social worker will be the lead professional for the child.</p> <p>Where there are high levels of concern around radicalisation, the Police must be informed.</p>

