



Process- Anonymous Calls to CASS (Members of Public, Family Members etc.) V7

RAO transfers these calls to a CASS Social Worker in most cases. RAO will quickly gather some basic information about the concern and the child's details if these are known by the caller. If no details to identify the child/family can be gained by the RAO they will not transfer these calls to a CASS Social Worker-they will discuss the call first with the CASS Team Leader. Calls where there is information to identify the child/family must always be transferred to a CASS Social Worker straightway. RAO then completes a contact template when instructed by Social Worker who takes the call



Social Worker speaks to caller & gathers as much information as possible. The SW identifies the concern as Complex & Significant (significant harm)

Social Worker speaks to caller & gathers as much information as possible. The SW identifies the concern as Complex & Significant

Social Worker speaks to caller & gathers as much information as possible The SW identifies the concern/need for support as Additional Needs.

Social Worker speaks to caller & gathers as much information as possible The SW identifies the concern/need for support as Universal Plus.



Grouping/Relationships RAO sends contact to Social Worker. SW adds any additional information including rationale & then converts to a referral. Reassigns to Team Manager to agree Strategy discussion. TM completes their rationale and then reassigns to CP Desk Top

Grouping/Relationships RAO sends contact to Social Worker. SW contacts parent & does partner checks & reviews history. SW adds any additional information including rationale & then converts to a referral. Reassigns to Team Manager to agree Family Assessment recommendation. TM includes their rationale, closes the referral and opens an assessment worklist sends to relevant ASTI Team in MASH

Grouping/Relationships RAO sends contact to Social Worker. SW adds any additional information including rationale. SW makes an attempt to contact the parent to discuss the concern and get consent. If SW speaks to parent but consent to support is refused- SW closes contact. If SW cannot contact parent or consent has been given they reassign the contact to EHFS Team Desktop with a recommendation of Family Support. EH Manager reviews the contact & if in agreement that it is Additional Needs sends to area Family Support Team if consent has been gained

Grouping RAO sends contact to Social Worker. The Social Worker SW adds their information and rationale to the contact and reassigns to the EH Team Leader asking an RAO to try to contact the Parent to discuss whether they need support – Are they already being supported by a professional/ support worker? Would they be able to approach a professional known to them to request an EHA to be undertaken? or would they give consent for CASS to arrange for a professional known to them to undertake an EHA? Their rationale will include a suggested appropriate Partner to lead an EHA or potential signposting support



ASTI picks up for Strategy Discussion in MASH

ASTI progresses for Family Assessment

If SW has not been able to speak to parent EH manager will reassign to the EH RAO via the Team Leader to try & contact parent to gain consent- 3 calls at different times of the day. If the RAO is unable to contact the parent a letter will be sent asking them to contact CASS if they need support or if they wish to know the nature of the anonymous referral. Contact closed

The RAO will follow instructions & I try contact parent. If RAO speaks to the parent they will explain about the anonymous referral & discuss support if required. If support required by parent & no other support worker already involved RAO will discuss the option of the parent contacting a professional known to them e.g. school, nursery Health Visitor for them to undertake an EHA or giving CASS consent to contact the professional on their behalf. If the RAO is unable to contact the parent(3 calls) a letter will be sent asking them to contact CASS if they need support or if they wish to know the nature of the anonymous referral. Contact closed