

**Emergency** 

**Duty Team** 

cases are

reassigned to

CASS from the

out of hours

service if

further action

is required

# CASS PROCESS (Jan 2020) V8

# **CASS** Inbox



### **Business Support Service (BSS) Filter Process**

BSS filter emails redirecting open cases and signposting others that are not for CASS. BSS then group siblings as identified and create a Eclipse Contact on all 'Request for Support' concerns received on closed or unknown cases Email referrals where a child/sibling has been open in the last 4 weeks will be reviewed at this stage by a Referral and Advice Officer/ CASS TM/SP to decide whether a contact needs to be created



### **CASS Contacts**

Contacts are reassigned to CASS Team Managers/Senior Practitioners. They undertake an initial analysis of the Request for Support using Right Help Right Time (RHRT) and reassign contacts at appropriate level. If initially assessed as Complex and Significant the TM/SP will send emails to the RAO ADMIN box for RAOs to complete partner checks and undertake updating of Eclipse relationship information



Request for Support concerns with insufficient information to make a decision will be returned to the referrer asking them to resubmit with more information-- copy also sent to Partner in CASS. contact then closed. Additional Needs concerns with no consent will be returned to the referrer asking them to gain appropriate level of consent & then resubmit to CASS.( referrer has relationship with family). Contact then closed Universal Plus concerns will be returned to the referrer asking them to undertake an Early Help Assessment gaining appropriate consent from the parent if not already given( referrer has an ongoing professional relationship with the family e.g. school, Health Visitor Response also sent to Partner in CASS. Contact then closed

# CASS Phone line 303 1888 Option 2/Option 2



CASS Referral and Advice Officer to identify the concerns from the caller using essential questions and RHRT





If complex and If universal plus or Significant SW to provide caller (directly or indirectly via RAO) with advice. SW to also



## **Complex and Significant** (Significant Harm)

Cases that meet significant harm on RHRT will be prioritised and sent to AST(CP worklist) for a Strategy Discussion



additional needs RAO to offer advice to the caller



take other calls as

detailed in the phone

procedures e.g.

anonymous, parents,

### **Additional Need identified**

Where Additional Need is identified and there is consent or if there is not consent but the referrer does not have an ongoing relationship with the family the case is reassigned to the CASS Early Help Manager's worklist who will review the case. Where there is no consent a Early Help Referral and Advice Officer is asked to ring the parent to try and gain consent and gather additional information as requested. Where consent is gained and Family Support or Think Family support is deemed appropriate the case is allocated to an area Family Support Team or the Think Family Team. If the Early Help Manager believes that the concerns are Complex & Significant they will discuss with the TM/SP and if agreed will be reassigned to a CASS SW. If after review the EH manager decides the concern is Universal Plus they will include appropriate actions

and reassign to an RAO



### **Complex and Significant** Case reassigned to a CASS Social Worker who will

follow instructions given by the TM/SP - review Request for Support and any previous history. Undertake checks with partner agencies. Make calls to parents and referrers as necessary. If decision still remains Complex and Significant SW includes their rationale and sends to CASS Team Manager for them to review and make their recommendations. If in agreement TM will send to ASTI Team in MASH for them to progress a Family Assessment. In some instances due to information gathered by the SW referrals may be stepped up to Significant Harm and require a Strategy Discussion In other instances cases may be stepped down to Additional Needs- Family Support or Think Family. The SW would reassign the referral to the Early Help

Manager's worklist for them to review and make a

decision.



## Complex and Significant (Significant Harm)

If the SW identifies that the concern is Complex and Significant (significant harm) the Referral and Advice Officer will complete a contact template and send to CASS RAO ADMIN inbox. Grouping/relationships RAO will gather info and group siblings and create contact and then reassign to the phone SW to progress to a referral. RAO will update relationships. SW will send referral with their rationale to a CASS Team Manager. TM will review, include their recommendation and if in agreement with the SW they will send the referral to the 'CP Worklist' for a Strategy Discussion to be completed in MASH





**ASTI (East, South & NWC Teams)** 

## relationship with the family e.g. ambulance, 111 service, NSPCC Case reassigned to Early Help Referral & Advice Officer who follows instructions in the rationale - contacts the parent to gain the appropriate levels of consent- A. to support via an Early Help Assessment **B.** to support from single agency e.g. Women's Aid. C. sharing their information with a third party who is not the referrer e.g. school If consent gained CASS will request that an appropriate partner agency undertakes an Early Help Assessment, sends signposting information to the single agency and/or shares information with the agreed agency. Contact then closed

If consent not gained -unable to contact parent or parent refused support/sharing information contact is closed

**Universal Plus identified** 

Where the referrer does not have

an ongoing professional









