



# Integrated Contact and Referral Team

iCART User Guide

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## Introduction & Context

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iCART (Integrated Contact and Referral Team) went live in April 2016 and is the integrated front door to Children's Services. It provides a first point of contact enabling members of the public and practitioners to request early intervention support and to raise concerns about the welfare of children. The team office is on the first floor of the Municipal Building; Widnes next to the Contact Centre and Adults Services Integrated Assessment Team (IAT).

In addition to the original Contact & Referral Team, a wide range of multi-agency partners have been co-located, including Social Care, Early Intervention, Family Work, Education, Police, Health and support staff.

It is the responsibility of iCART to record and process all initial contacts and to determine the pathway for that contact such as:

- A referral to Children's Social Care (CSC) for the completion of an assessment by a children's social work team, including children with disabilities service (for overnight short breaks).
- Advice, signposting or a referral to another appropriate service or agency for Early Help.
- Processed as a notification or request for information from another Local Authority or agency (CAFCASS, Probation, Police or Education etc.) on behalf of CSC.

This user guide offers an overview of the role, function and processes of iCART. It also details what documentation is completed. Relevant user guidance, policies and procedures also need to be referred to in conjunction with this user guide.

### When is iCART open?

iCART remains operational from 9:00am – 5:30pm Monday to Thursdays (accepting calls until 5:00pm) and 9:00am – 4:40pm on Friday. The team can be contacted on **0151 907 8305**. Outside of these hours the Emergency Duty Team (EDT) acts as the first point of contact on **0345 0500148**. EDT will only respond to emergencies that cannot wait until the following working day.

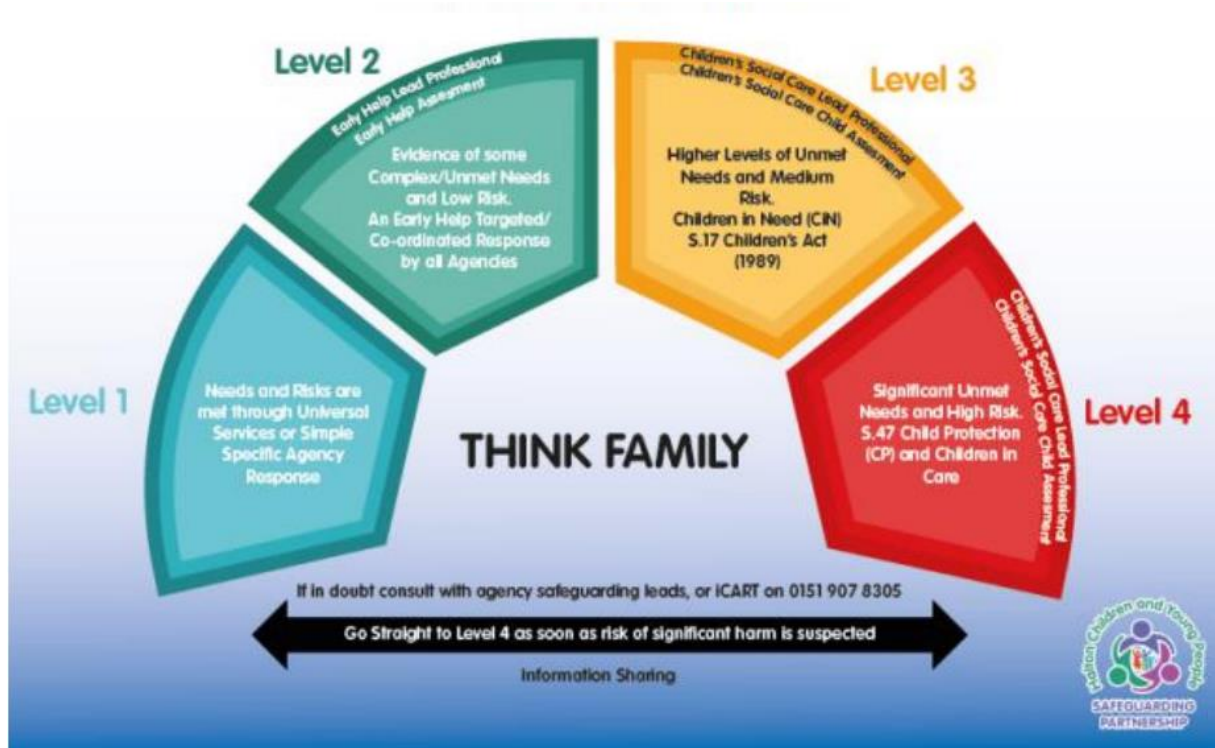
iCART Email Address: [contactandreferralteam@halton.gov.uk](mailto:contactandreferralteam@halton.gov.uk)

## Who works for iCART?

Post	PT/ FT	Core Functions
<b>HBC Service Manager</b>	1 FT	To oversee and develop ICART and DAT (duty and assessment team). To link in with senior management team. Act as a link between strategic and operational delivery.
<b>HBC Principal Manager (Social Care)</b>	1 FT	To link in with the Early Intervention Manager to promote good leadership and clear governance across the multi-agency team towards a common understanding and shared culture. To lead on the Safeguarding element of iCART. To be responsible for those contacts which require Social Work expertise. To liaise with Duty and Assessment Team. To provide supervision to Practice Lead.
<b>HBC Children's Practice lead -</b>	1FT	This post provides a deputy function to the Principal Manager and supervision to the Social Workers. The Practice Lead provides management oversight to the work of the front door and authorises safeguarding contacts. Undertake some developmental areas such as step-up, delivery of training, attendance at meetings, providing quality assurance and dealing with complaints.
<b>HBC Business Support</b> 4 FT 2 PT	4 FT/ 2 PT	1 of the FT roles is now a team leader role. Undertake initial checks to establish if case is open. Ensure that referral information is on the correct form/IT system. Support with team enquiries, meetings and general administrative support requirements.
<b>HBC Social Workers</b> 3 FT 1 PT	4 FT/ 1 PT	Handle safeguarding referrals and cases whereby there are concerns which, could be at level 3/4 on Halton Level of Need Framework. Facilitates information gathering and decisions around level of need/safeguarding.
<b>HBC Think Family Principal Manager</b>	1 FT	To link in with the Social Care manager to promote good leadership and clear governance across the multi-agency team towards a common understanding and shared culture. To support and build capacity in understanding, assessing and responding to early intervention need through improved information sharing at the point of contact. To line manage the senior early intervention officer and support with the development of multi-agency partners.
<b>HBC Senior Early Intervention Officer</b>	1FT	Deputise for the Early Intervention Principal Manager, where appropriate. Allocation of work, authorisation of contacts. Supervision of iCART EI staff. Link to early intervention support services. Support with training of the wider workforce around front door processes and early intervention.

<b>HBC Family Workers</b> 3 FT 2 PT	2 FT 2PT	To provide specialist information, advice, guidance and signposting around those requests for support which, are deemed to be L1/2 on the Halton Level of Need Framework. To provide a specialist knowledge of local early help services and wider multi-agency working.
<b>iCART Early Support Nurse</b>	1 FT	To provide health information for iCART colleagues, when appropriate, for cases which, are being screened. To offer consultation to iCART colleagues and liaise with other health professionals to inform recommendations and outcomes of screenings. To occasionally screen early help cases with specific health needs.
<b>Education Welfare Officer</b>	2 PT	To provide education information and advice for iCART colleagues, when appropriate, for cases which, are being screened. To attend MFH meeting to offer education expertise. To offer consultation to schools, to screen cases with educational needs and make decisions around appropriate outcomes for early intervention contacts.

## Halton's Level of Need Framework



**Level 1** – Universal Children, young people and families whose needs and risks are and can be met by universal services or simple specific agency response Universal services are provided and are routinely available to all children, young people and families. These services are accessed in the local community and delivered by partners including schools, GPs, hospitals, emergency services, community health services, children's centres, youth hubs, police and voluntary & community groups. Universal services are available to families at any stage on the Halton Continuum of Need.

**Level 2** – Some Complex/Unmet Needs and Low Risk Children, young people and families where there are evidence of some complex/unmet needs and low risk but whose needs and risks are and can be met by an early help targeted / co-ordinated response by all agencies.

**Level 3** – Higher Levels Of Unmet Need and Medium Risk - CHILDRENS SOCIAL CARE STATUTORY CHILD ASSESSMENT. Children, young people and families are at medium risk and higher levels of unmet need. They are experiencing sustained and persistent problems that has not been possible to resolve at the previous levels.

**Level 4** – Significant Unmet Needs and High Risks - CHILDRENS SOCIAL CARE STATUTORY CHILD ASSESSMENT. These children, young people have significant unmet needs and are being subject to 'high' risk factors and without a multi -agency co-ordinated response they will continue to suffer or be at risk of suffering significant harm.

**Where it is believed there is an immediate risk of significant harm, referring professionals should follow their safeguarding procedures**

## Consent

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Early Help Assessments and Child in Need Assessments can only be carried out with the consent of the parent(s). Participation in the Assessment and in any resulting Plan is voluntary on the part of the parent. Due to this it is essential that professionals seek consent from the parent prior to making a referral into Children's Social Care or prior to making requests for support from agencies contributing to Multi Agency Plans.

Professionals must make it clear to the parent(s) that they are giving consent for their personal information and their personal circumstances to be shared between agencies. It must be clear to parents where their information will go, for what purpose and for how long the information will be kept on agencies' records. Referrals into Children's Social Care (Level 3) or requests for support from Early Help Services (Level 2) which are made without parental consent will not be accepted. Only where there is a clear child protection concern (Level 4), and there is reason to believe that the risk may escalate by approaching the parents/carers, enquiries can begin without the parent's/carer's consent. Circumstances which meet this threshold may include:

- Suspicion that a child will be forced into marriage or removed from the country against their will;
- Suspicion that a child is at risk of female genital mutilation;
- A disclosure of sexual or physical abuse putting the child at immediate risk;
- Suspicion that illness is being fabricated;
- Evidence that the child is at immediate risk of harm (a child is not generally at immediate risk if they are in school or at some other venue with a professional present, as action can be taken before the child returns home) In almost all cases, therefore, a parent should be aware that a referral into Children's Social Care is being made.

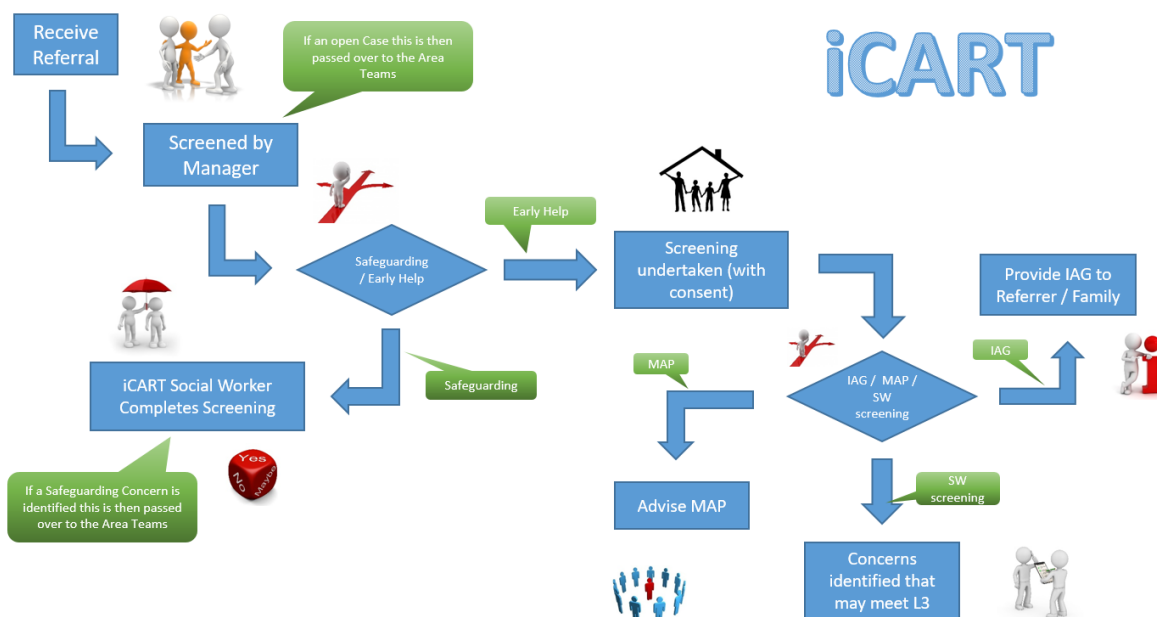
## Multi Agency Plan

Multi Agency Plan (MAP) is the early help assessment in Halton which, replaces the CAF. MAPs are recorded within the Eclipse system and are therefore visible to iCART. Training and support is available to partners. Guidance is on the Halton Children and Young People Safeguarding Partnership (HCYPSP) website

<https://hcypsp.haltonsafeguarding.co.uk/map/>



## iCART Processes



A Social Work Manager reviews all the contacts to iCART to make a decision as to whether the case initially requires screening at Safeguarding or Early Intervention. Social Work Managers then provide guidance and instructions on every contact and allocates to either the early intervention arm of the service (iCARTEI) or Social Workers. For early help cases, the early intervention manager then adds additional direction.

Possible actions from a contact initially include:

1. Advice back to the referrer, where information is too limited e.g. no consent, limited personal information, insufficient information around family strengths / risks, referral was not required. The referrer will be asked to gather more information and / or consent and to re-contact iCART once the additional information becomes available. If concerns shared indicate significant risks to an unknown child, the caller may be advised to contact the Police immediately. If the referral was not needed, appropriate advice will be offered and an explanation as to why it was not required.
2. Where there is a request for support / the family would benefit from Early Help, this will be progressed as an iCART Early Intervention contact and will be screened via a member of the early intervention arm of iCART initially.
3. Where it is decided that the information requires social work screening to determine whether safeguarding threshold for a Child in Need Assessment or immediate safeguarding concerns, an iCART screening will be progressed via a Social Worker. Once it is agreed that a statutory assessment is required under section 17 or section 47, a Referral Information Record will also be loaded to the Duty and Assessment Team.

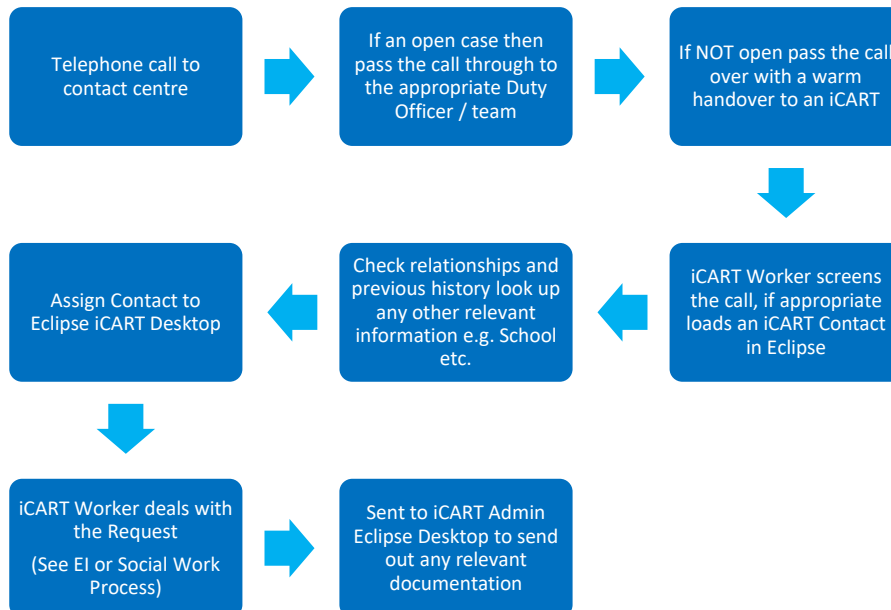
In all instances, the referrer will be given the outcome of the iCART screening via an edited version of the iCART contact form.

## Methods of Referral

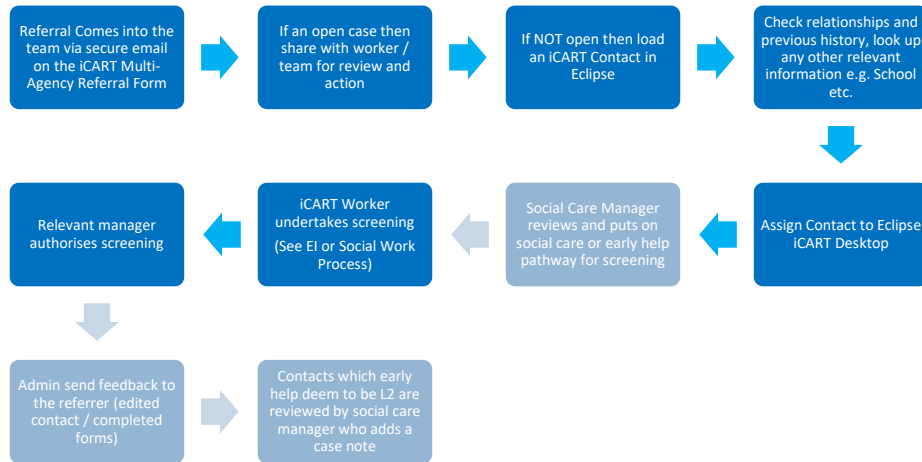
All Contacts that come into the team are managed via the iCART Eclipse Desktop, and are picked up by the iCART Manager; contacts come in via a number of sources, but mainly via Police, Health, Schools and in some instances members of the public. Professionals are expected to submit written referrals using the multi-agency online referral form (<https://hcymsp.haltonsafeguarding.co.uk/contact-and-referral-team/>). There are two pathways into the team:

1. Verbal – Requests come via the Contact Centre, they perform a level of screening before passing the calls through to iCART, if the call relates to an open case the caller is transferred to the allocated worker and/or team.
2. Written – Requests come via iCART Admin in the form of a written Professional Referral submitted to the secure inbox. Statutory agency information requests are submitted using their relevant forms.

## The Process for a Verbal Enquiry



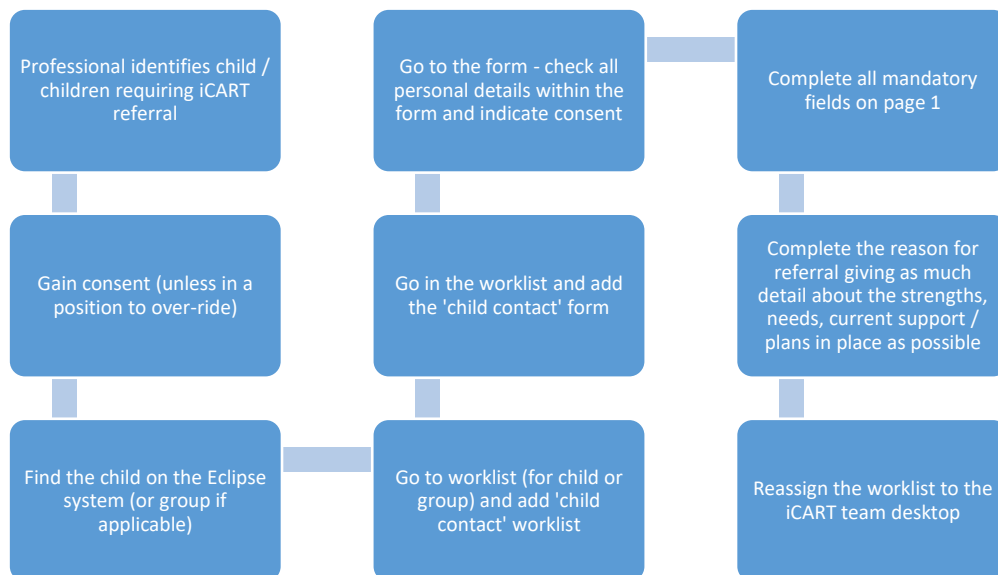
## The Process for Written Referrals



NB An iCART Contact Form is created in Eclipse for all iCART enquiries. Eclipse guidance can be found on the intranet.

## Internal Referral Process

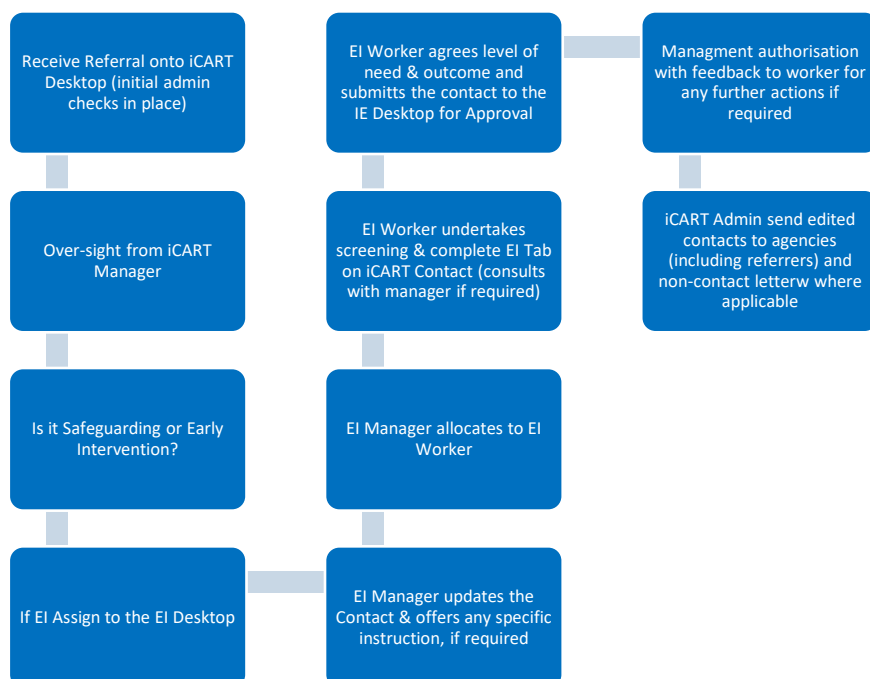
This referral process is to be used when a colleague within Halton Borough Council, with access to Eclipse, becomes aware of a child / children who need referring to iCART for Early Help or Safeguarding (including the step-up process from Early Help due to escalation of needs). This process is undertaken rather than completing the word version of the referral form (not as well as).



## Early Intervention

As is outlined earlier a contact form is created by the Contact Centre or iCART Admin depending on the pathway into the team. Initial referral screening will identify if further screening is required at either Safeguarding or Early Intervention (EI). The EI Worker offers consultation to practitioners and members of the public seeking advice around early help services including support and assessment. They also undertake screening on families when this is required to assist with care planning. This process includes gathering appropriate information around child and family and make informed decisions around actions required to improve outcomes. The screening process should be proportionate to the presenting need.

Early Intervention screening process:

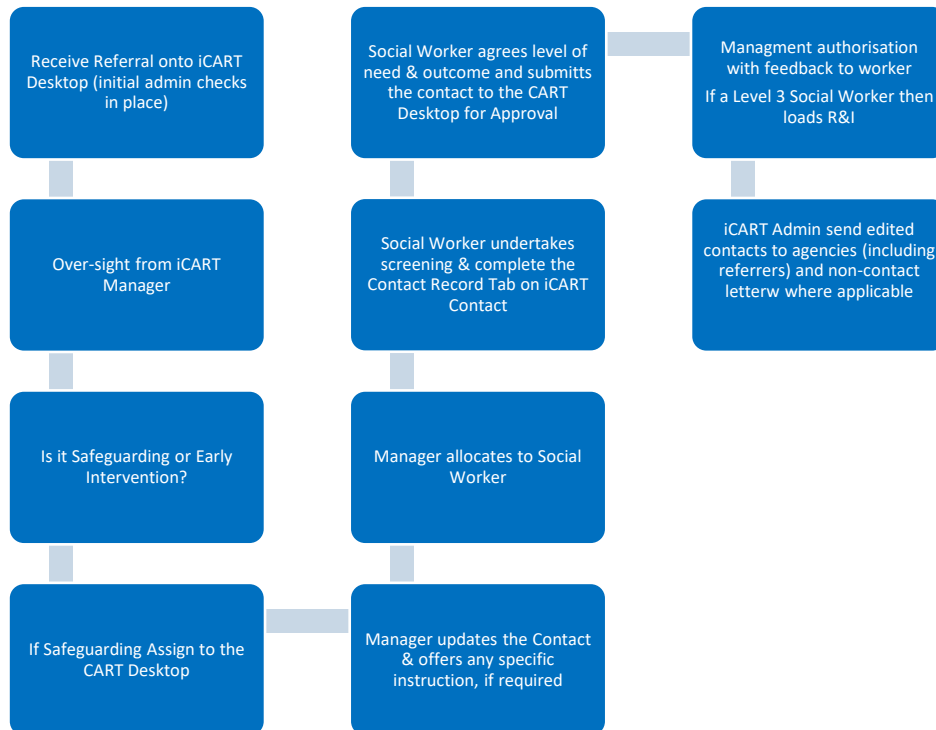


Possible outcomes from an Early Intervention iCART contact include:

- Advice given, no further action (advice back to the referrer including actions for consideration to improve outcomes)
- MAP Advised
- Existing early intervention plan to continue (when a multi-agency plan is already in place)
- Incomplete referral (when there is insufficient information, no consent and / or the referral is inappropriate)
- Information provided (when information is stored without full screening and / or shared with a professional)
- Level 2 plan advised (other than MAP)
- Referred to Working Together Meeting (for multiple / complex EI cases requiring multi-agency discussion and requests for family work support)

- Signposted to other agency (referrer is advised to call in support from another agency/agencies)
- Step up to social care screening (If an EI worker identified Safeguarding concerns, they would discuss the case with an iCART Manager. If it is agreed that the case requires Social Work screening, the EI contact will close, and a new contact is created for Safeguarding screening.)
- iCART referral to additional service made (iCART makes the referral to an additional service on behalf of the family / professional)

## Social Care – Safeguarding

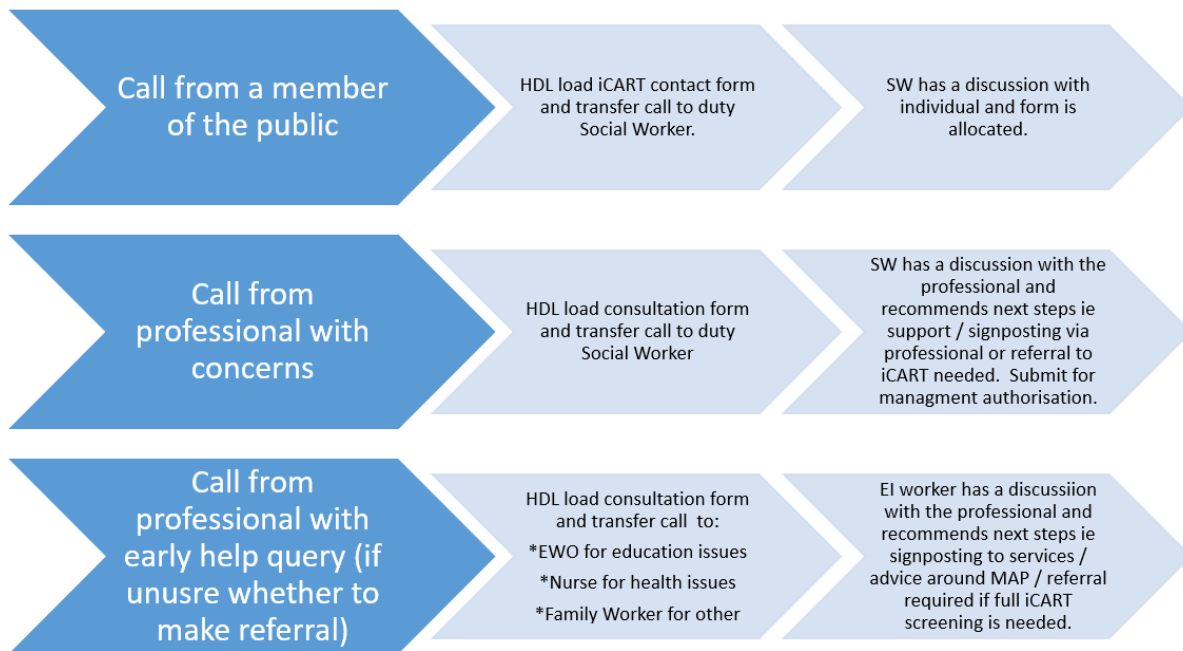


Possible outcomes from a Safeguarding iCART Contact include:

- Advice given, no further action
- MAP Advised
- Children in Care of Other Local Authorities (CICOLA)
- Existing early intervention plan to continue
- Incomplete referral
- Information provided
- Level 2 plan advised (other than MAP)
- Level of need does not meet threshold
- Referred to Working Together Meeting
- Requires social care assessment (due to safeguarding concerns being identified at s17 (Child in Need) or s47 (child protection) if this outcome is selected, and R & I form must also be loaded by the Social Worker)
- Screened at level 3 no safeguarding concerns
- Signposted to other agency
- Step down to EI screening
- Step parent adoption assessment
- iCART referral to additional service made

## iCART Duty Process

There is a duty function in place for professionals and family members. There is an Early Help Worker and a Social Worker on a rota each day during iCART working hours. The process for is as follows:

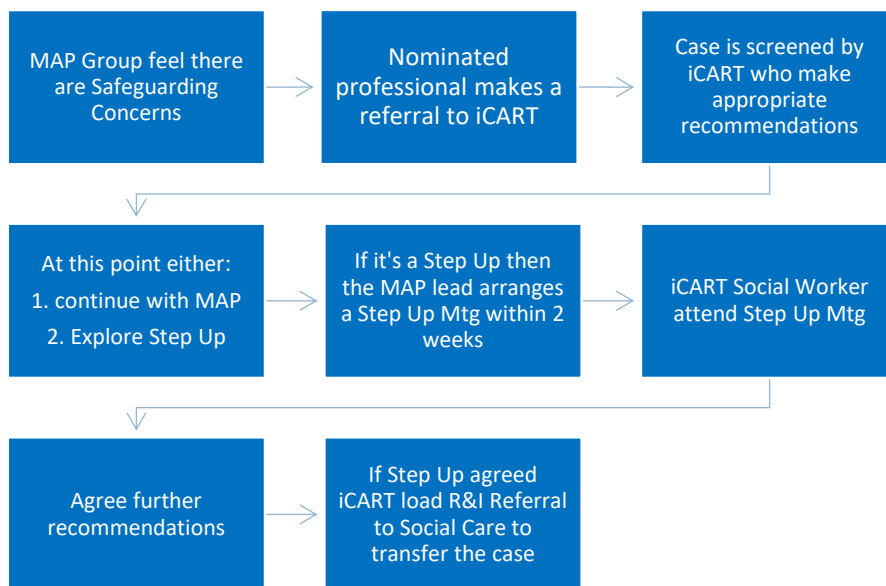


## Emergency Duty Team (EDT)

- EDT can be contacted on 0345 050 0148. They will respond to the service needs from 5.00pm including handling iCART telephone calls, Monday to Thursday, and from 4.40pm Fridays, Bank Holidays and Weekends.
- Any children/young person Contacts received out of hours by EDT that require follow up the next working day on children/young people not previously known or not open or allocated, must be entered onto the EDT Child electronic contact form and forwarded to the iCART desktop.
- N.B: iCART work with new and known, but closed cases – EDT must forward open cases to the named worker/relevant team.
- EDT should not be making recordings on case notes of a closed child who is previously known, a new EDT Child contact should be made and forwarded to iCART.
- Where there has been an address change different to information held on Eclipse, EDT worker should update **Care First** with the new address information or record address details within the recordings.
- iCART Manager will forward EDT Child contact details to an iCART Social Worker or EI Worker for screening.

- If an EDT notification on a child not known or a closed case progresses to a Section 47 out of hours, EDT to forward the completed Section 47 to the iCART desktop, and any other orders/paperwork must be sent to iCART email. iCART SW will create a Referral Information record (depending on the iCART manager's decision), and forward case to the relevant CiN team for action.
- Where a professional shares information out of hours, which is deemed not to be an emergency, where EDT have completed a EDT Child contact, the professional should be asked to complete the concerns in writing on the referral form.
- EDT Social Worker must forward all outstanding recordings to iCART by 10.00am the next working day. If there is a delay in handover from EDT, iCART should be alerted via e-mail as soon as possible.
- iCART admin will run a report each morning showing children dealt with by EDT overnight, to ensure that cases are not missed or placed on wrong team desktops. iCART Manager will prioritise missed cases and notify other managers of any Section 47's or errors.

## Steps Ups – immediate safeguarding concerns



- In cases of possible s47, due to perceived immediate risk, agencies should continue to implement safeguarding procedures. This would supersede the above step-up process.



## Processing Other Requests

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The team also receives a range of other requests for un-open cases and forward open cases to the relevant team. A contact is loaded, and agency specific forms are completed, where relevant. These include but are not restricted to:

- **Children in Care Looked After by Another Local Authority (CICOLA)**  
Those Missing From Home (MFH) will follow the relevant process and forwarded to relevant worker.
- **Child Protection Transfer in and Temporary Plan Process**  
All requests must have a completed Referral Form. iCART complete contact and temporary child protection plan is implemented if resident for 3 days or more.
- **Probation letters / statutory notifications / court notifications**
- **CAFCASS notifications** (agency form completed)
- **Notification of Arrival / Transfer and Release of Prisoners**
- **Education letters** (SEND service send a letter to request information on children on the Education Health and Care Plan (EHCP) pathway. Admin make checks on Eclipse and confirm via e-mail whether the child is known or has been in the past).
- **Children Living Away From Home (Children Act 1989 Section 85)**  
Section 85 of the 1989 Children Act places a duty on local authorities to check on the safety and welfare of children living in residential education or hospital provision for any continuous period exceeding and / or likely to exceed 12 weeks. All Section 85 notifications should be sent through to ICART admin who will load a contact for screening. All Section 85 notification referrals should be screened by a social worker. If CARTEI are screening a contact and it is found that the child has been resident in an institution, such as hospital, for a 12 week period or will likely be, CARTEI need to step this up for social care screening.

## Cheshire Constabulary Police / VPAs:

- The vulnerability hubs are now centralized at Cheshire HQ. The department is managed by a DCI LITTLEWOOD, 2 DI's and 6 DS's. (4 DS' out in the area teams and 2 central). There is one Detective sergeant assigned to Halton and they will predominantly be based at Halton but will also be required to work out of police head quarters on occasion. The DS line manages all the staff. Alongside this also attends various meetings when required to do so. Supports the more complex queries from staff and other agencies/forces, does have to provide operational County Night Cover (not a huge amount).
- The sergeants will review strategy meetings that come into the Vulnerability Hub, assign appointments and conduct these meetings.
- The VPA's are processed centrally, however there will be a presence in Halton base.
- This is one PC, ONE scale 4 IRO and currently 3 scale 3 assistants.
- All staff within the hubs are omni-competent and are assigned work the previous evening for that day.
- The central DS' manages the day to day running of the vulnerability hub.

- The DS risk assesses domestic violence and abuse incidents and services the MARAC process in addition to facilitating the police attendance at meeting structures around children and adults at risk.
- The DS links into Operation Encompass and supplies information to support the function of the front door. This is also managed by the daily VPA meeting. Police colleagues have access to the LA's network and the Eclipse system. Police colleagues screen VPAs using Niche and Eclipse before deciding which partners to share them with.
- Police identify VPA referrals for cases already opened and allocated and redirect those to iCART administration to be shared with the Social Worker.
- Police forward high risk cases to the team inbox.
- A daily meeting with the Police, iCART, Education and Health takes place to discuss other VPAs in order ensure that they are directed to the correct pathway of support and forwarded to iCART for screening, if appropriate.



The%20Daily%20VPA%20TOR.docx

## Quality Assurance

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- Each contact is initially read by a Social Care Manager prior to allocation to an iCART worker and it goes back to a manager to authorise once it is complete.
- Workers are responsible for checking their own work and have access to managers for advice and support.
- Monthly audits take place to screen iCART safeguarding and early intervention contacts. Education and health attend these meetings alongside HBC iCART managers and the member of staff who undertook the screening. The professional who referred the case is also invited to attend.
- iCART work is scrutinized as part of Ofsted inspections.

## Escalation Process

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If in the process of multi-agency working professional disagreement are encountered when determining levels of need when working with children and families, professionals should follow the Escalation Policy. This includes the work of and decisions made by iCART.

### [Pan-Cheshire Multi-Agency Escalation Procedure](#)

## Support, Supervision & Continuous Professional Development

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- All HBC team members have supervision as per the HBC supervision policy.
- Multi-agency staff will have regular supervision with their line managers and the iCART manager. Frequency is agreed for those staff with their host agency.
- Managerial advice and support is available on an informal basis to iCART colleagues on a daily basis.
- Team meetings are held monthly and cover briefings and updates, performance of the team and practice learning by way of case discussion and research. The team meeting will usually be led by at least one Team Manager but contributed to by all of the team in relation to subject matter and chairing.
- In order for the team to be up to date with relevant policies, procedures and resources guest speakers may be invited for shared learning.
- Multi-agency colleagues are encouraged to provide updates at team meeting in order to encourage multi-agency learning.
- Multi-agency colleagues seconded to iCART are encouraged to attend their host team meeting in order to keep in touch with developments and to mutually share learning.
- iCART have access to training via the corporate and safeguarding calendars. Multi-agency colleagues attend selected appropriate and mandatory training via their host agencies.