

FAST Operational Protocol

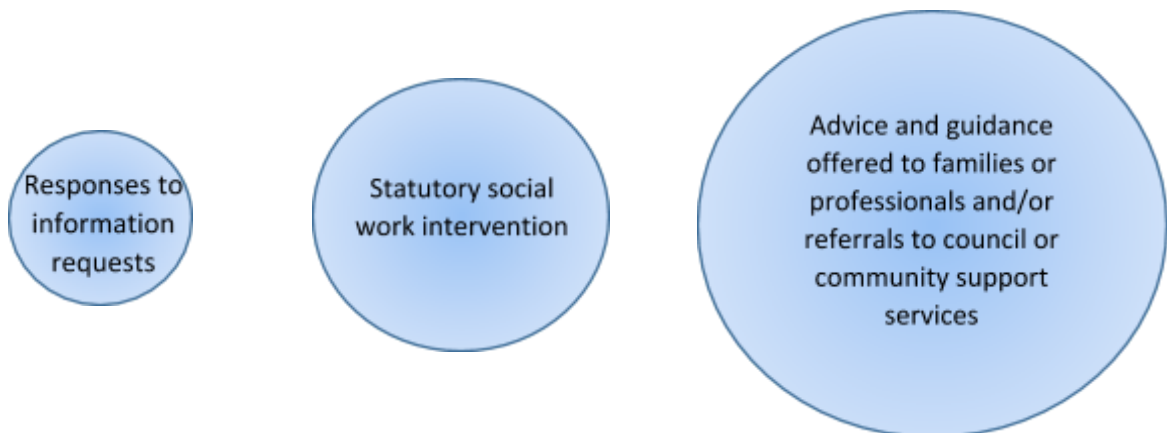
September 2018

Vision and Purpose

The First Access and Screening Team (FAST) operates as a single point of contact for members of the public and professionals who are seeking advice and information, and/or who want to make a referral for a child or young person in Hackney who may be in need of help or protection. FAST has three core functions:

1. The front door for statutory social work intervention by Hackney Children's Social Care (known in many boroughs as the MASH);
2. An early help hub, where children and families who are not deemed to be in need of statutory support are offered advice and guidance, sign-posting, and/or referrals to services within the council or in the community that are best placed to meet their needs;
3. An information sharing hub, where requests for information from multi-agency partners are responded to in a timely way, which is proportionate to each agency's involvement in a child and family's life.

OUTCOMES OF CONTACTS



We believe that an integrated statutory and early help front door enables us to best meet the needs of our diverse and dynamic community for the following reasons:

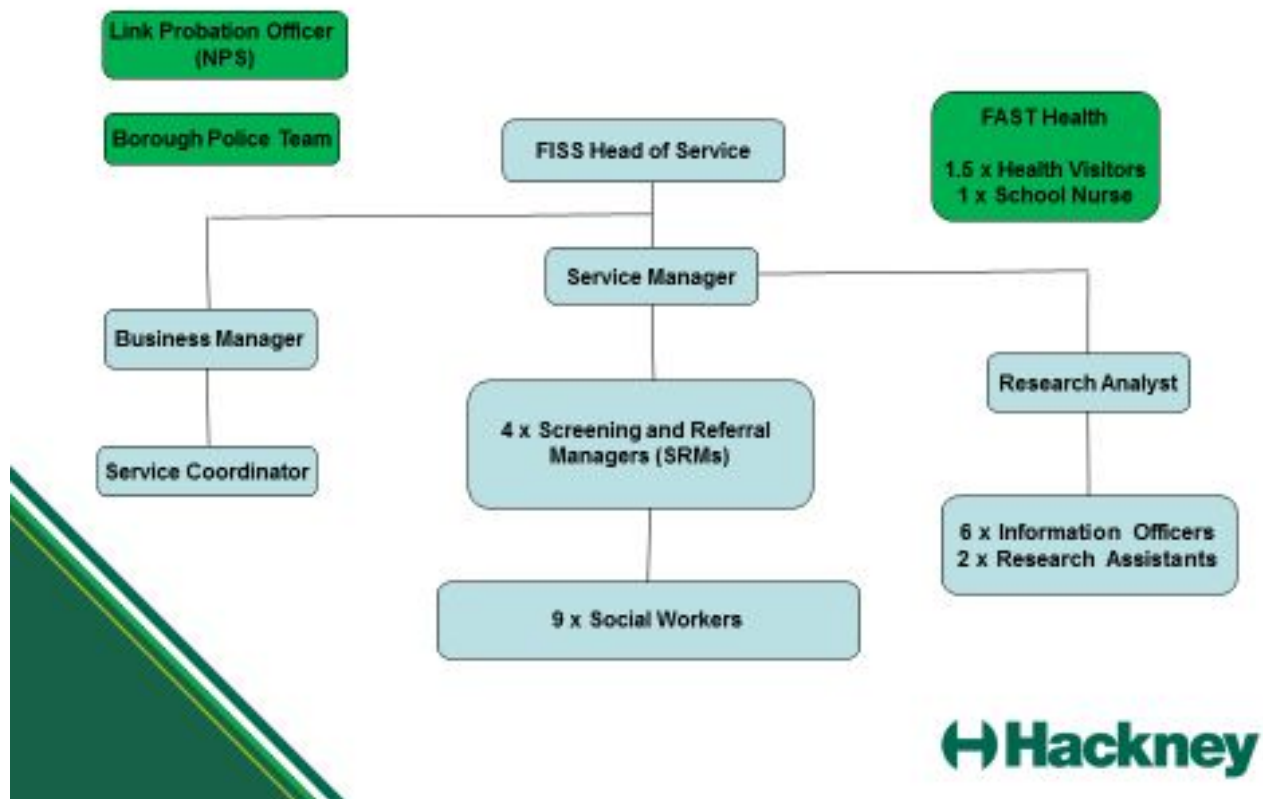
- FAST provides a single point of contact for any professional or member of the public who is worried about a child in the borough, offering advice and guidance where needed;
- FAST offers a timely and well-coordinated multi-agency response to all Hackney children and families in need of additional help, across the spectrum of need;
- FAST enables children and families to be referred to the right service as early as possible, in the hope of avoiding referrals being passed through one front door to another in search this service;

- FAST applies clear and consistent thresholds for the Local Authority's early help and statutory service offer;
- FAST decision-making benefits from the knowledge of any history of concern and previous involvement with Hackney Children and Families Services, whether at early help or statutory level, alongside key information (where appropriately gathered) from multi-agency partners, including police, health, probation and education;
- FAST analyses the information contained in contacts and referrals in order to identify themes and trends which can inform the development of service provision, so we are best placed to meet the needs of our children and families. This includes looking at contexts of concern beyond the family unit, such as risks associated with peer group dynamics and locations in the community, in order to help families and services respond to these. For more information on this approach visit <https://www.hackney.gov.uk/contextual-safeguarding>

Who We Are

FAST sits under the umbrella of the Family Intervention and Support Service within Children and Families Services. Screening activity in FAST is undertaken by Children and Families Services professionals and is supported by co-located partners from police, probation and health services. Over time, we have welcomed new partners to be co-located in FAST for periods, including Young Hackney, the Overstaying Families Intervention Team and the council's Domestic Abuse and Intervention Service (DAIS), in order to develop closer working links with a broad range of services delivered throughout the borough. It is our intention to continue on this journey. Where partners are unable to commit to co-location, we work with them to identify other means to support our partnership arrangements, for example, through regular joint forums or identified liaison officers in each agency.

FAST Structure Chart



What We Do

How to contact FAST

Referrals: The FAST referral form is available to download from [here](#).

Phone: 020 8356 5500

Email: FAST@hackney.gov.uk or secure e-mail on cscreferrals@hackney.gcsx.gov.uk

Mail: FAST, Hackney Learning Trust, 1 Reading Lane, London E8 1GQ

Walk-in: Children and families can 'walk in' to Hackney Service Centre, 1 Hillman Street, Hackney E8 1DY, and ask to see a duty FAST social worker on Monday to Friday during office hours.

Opening Hours: FAST is open from Monday to Friday from 9am to 5pm. Outside of these hours and on bank holidays, Hackney's out of hours Emergency Duty Team can be contacted on 0208 356 2710.

Thresholds

All decisions are made in line with the Hackney Child Well-Being Framework (see appendix i). Where professionals disagree with, or have questions about, decisions made within FAST, they should seek to discuss this with a FAST Screening and Referral Manager. If this does not result in a resolution to their query, concerns should be escalated to the FAST Service Manager and/or Head of Service, either directly, or via their agency's designated safeguarding lead. Where a member of the public disagrees with, or has questions about, a decision made in FAST, they too can ask to speak with a member of the FAST management team, or they can make a complaint via the Children and Families Services Complaints Team on children.complaints@hackney.gov.uk or on 02083565800

Process and Timescales

At the point of their initial screening, a Screening and Referral Manager will make a decision as: a) whether no further action is needed within FAST (either the contact can be closed with no further action, or progressed directly within Children's Social Care to a Section 17 or Section 47 Child and Family Assessment); b) whether Children's Social Care screening is required, or c) whether Early Help Screening is required. This decision will be indicated on the Contact and Referral Record, alongside clear and specific directions for any screening activities deemed necessary within FAST. If screening activities are directed by a Screening and Referrals Manager, they will assign the contact to a FAST Social Worker for follow up. Once screening activities have taken place, the Contact and Referral Record is tasked back to a Screening and Referral Manager to make a final decision about its outcome.

The most appropriate pathway for the progress of a contact through FAST is determined by the nature of the concern about a child or family. Priority is given to concerns that pose the most immediate and pressing risk to a child's safety and well-being. The team work to the following timescales:

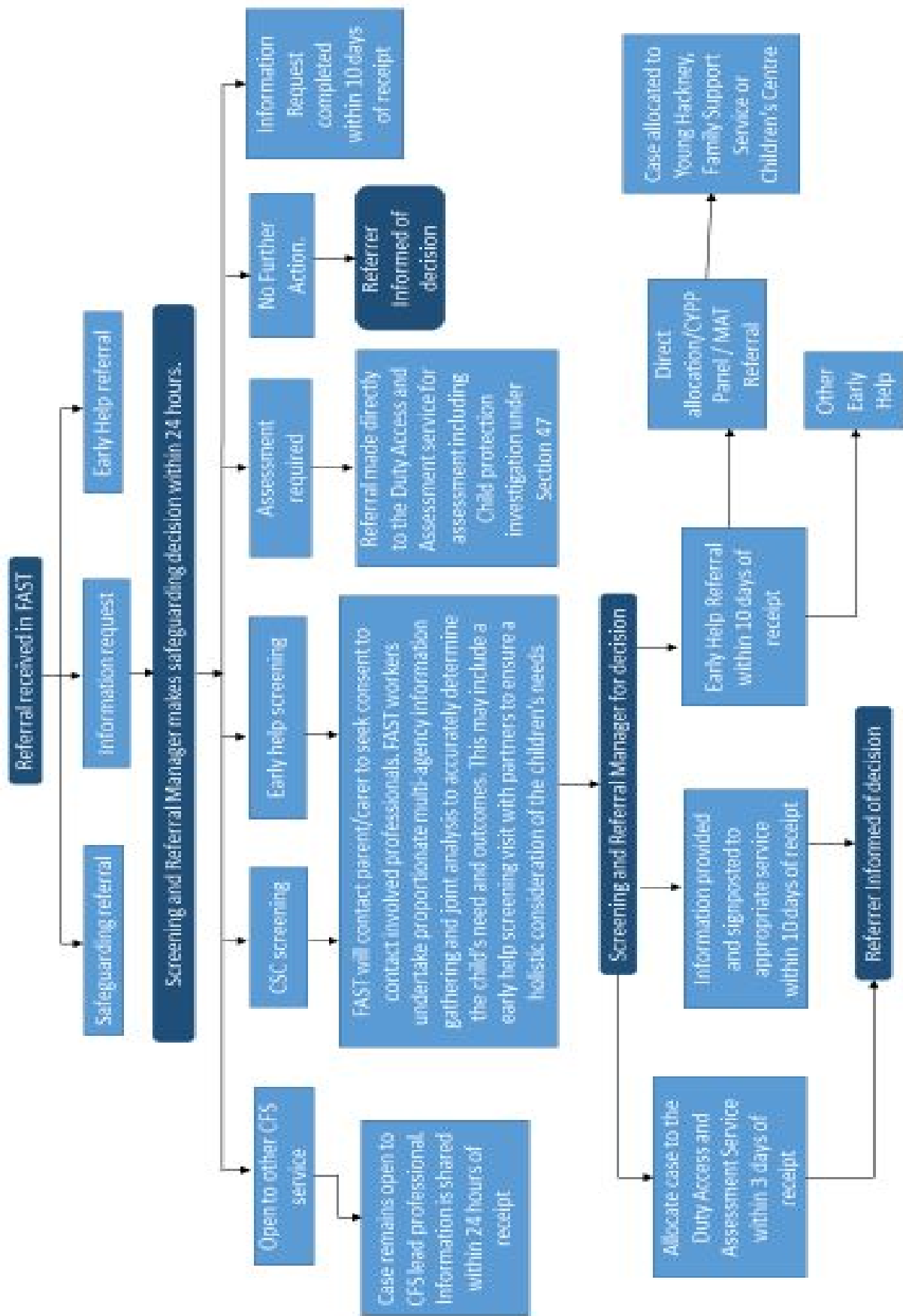
1. All contacts that are received for which the remit is met for a Section 47 Child Protection investigation - because a child or young person is deemed to be at risk of significant harm - are brought to the immediate attention of a Screening and Referral Manager and progressed without delay for further statutory involvement by a Social Work Unit in Children's Social Care;
2. When contacts are received that relate to open cases within Children's Social Care, this information is shared with the case-holding Social Work Unit without delay and FAST plays no further role.
3. Within a maximum of 24 hours of receipt of a contact on a case that is not currently open within Children's Social Care, research is undertaken on the family's history with Hackney Children and Families Services and this information is considered in light of the details of the contact, in order for a

Screening and Referral Manager to make a decision about the most appropriate next steps.

4. Where Children's Social Care screening is required, a decision about whether a statutory response is needed is expected to be made within 3 days. Where threshold for a statutory assessment has been met on a case that is already open to a Family Unit on an early help support plan, a decision will be made by a Screening and Referrals Manager, in consultation with the Family Unit Consultant Social Worker, whether this assessment is most appropriately undertaken within the Family Unit or within an Access and Assessment Social Work Unit.
5. Where Early Help screening is required, a decision about the outcome of the contact, for example, a referral to an early help service or another organisation, is expected to be made within 10 days.
6. Where requests for information are received that relate to open cases within Children's Social Care, these are passed without delay to the case-holding Social Work Unit.
7. Where requests for information are received for cases that are not open to Children's Social Care, these will be responded to within 10 working days.

Once a decision about the outcome of a contact is made within FAST, the referrer will be informed of this decision, unless it is deemed inappropriate to do so. Where the referrer has not been informed of the outcome of their contact, the reasons for this will be recorded on the Contact and Referral Record.

Adherence to the timescales outlined above are regularly monitored by the management team within FAST.



Information Sharing

The Editorial Board of the London Child Protection Procedures has considered what changes are required to the Procedures to ensure compliance with the General Data Protection Regulations (GDPR) - implemented through the Data Protection Act 2018. The Editorial Board has taken into consideration guidance from the Information Commissioner's Office [ICO] which says: 'The biggest change is for public authorities, who now need to consider the new 'public task' basis first for most of their processing, and have more limited scope to rely on consent or legitimate interests'. As a result, the Board has recommended that '**legal obligation**' and '**public task**' (as defined in the GDPR) are relied on as the primary basis for processing information to establish whether or not there is a need to safeguard the welfare of a child. This means that, whilst families will be informed when personal data is being shared or processed, their consent is not required.

The significance of this change is that it is no longer necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child (i.e. removing the distinction between information sharing for the purposes of assessing need or child protection). It does, of course, continue to be good practice to inform parents / carers that you are sharing information for these purposes and to seek to work cooperatively with them. Agencies should also ensure that parents / carers are aware that information is shared, processed and stored for these purposes.

The Working Together Guidance published in July 2018 by the Department for Education¹, continues to emphasise the use of consent. The Editorial Board is working to ensure that the approach taken in these Procedures is consistent with the Data Protection Act 2018, the guidance published by the ICO and the statutory guidance published by the Department for Education. In the meantime, references to consent and information sharing in the Procedures will be highlighted with a link to the advice above. In addition, the information sharing chapter (Chapter 4 in Part B1 Practice Guidance), has been withdrawn pending a full revision in line with the new legislation.

Information sharing within FAST is governed by the Caldicott Principles and Golden Rules of Information Sharing (see appendix ii).

Unless there is a good reason to share information without consent, for example, related to a child protection enquiry or public protection matter, consent to research and share information about children and their families within FAST should always be sought from adults who hold parental responsibility for them. We ask our partners, where appropriate and wherever possible, to discuss their intended referrals to FAST with an adult who holds parental responsibility prior to making a referral. Our referral form asks professionals to confirm that this has been done.

In all cases where multi-agency checks are undertaken without parental consent, there will be a clearly recorded management decision on a child's file explaining why this was deemed appropriate. Consideration with respect to overriding parental

¹ *Working Together to Safeguard Children* statutory guidance (March 2018): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

consent (where this is withheld or is unable to be obtained) will be made on a case-by-case basis in consultation with a Screening and Referrals Manager. Consideration will be given to circumstances such as where there is concern that a child could be a risk to themselves (for example, through self-harm), or others (for example, by carrying a knife), or where there is concern about possible violence in the home.

Where information is requested from FAST by multi-agency partners, the requester should clearly outline in their request that consent has been provided by a parent/carers, or, where this has not been done, explain the reasons why along with their justification for seeking to override consent.

When thresholds have been met for statutory intervention, the FAST Health Team are notified and will share limited information, such as details of the allocated Social Work Unit, with key health professionals linked to the family. Where thresholds are met for Section 47 investigations, the FAST Health Team contribute to multi-agency Strategy Discussions.

Home Visits

FAST will undertake home visits, when deemed necessary, in order to make early help offers and/or to assist decision-making in relation to contacts where the available information is limited and where no immediate safeguarding concerns are evident, for example, where there is a lack of clarity about the composition of a family living at a Hackney address, or where referrals are anonymous and potentially malicious. Such visits will be undertaken jointly with a FAST Health Visitor for children under 5, or with the FAST School Nurse for children over 5, where this is practicable. If a home visit is undertaken, where a case does not subsequently progress to further involvement from within a service Hackney Children and Families Services, a letter is sent to the parents/carers (and children and young people where appropriate) summarising the reason for our involvement, as well as the content and the outcome of the home visit.

Referrals on within Children and Families Services

Allocations for Child and Family Assessments are made within the Access and Assessment Service of Children's Social Care on a duty rota basis. Where a case has been open with Children's Social Care within the past 6 months and FAST have determined that thresholds are met for further statutory intervention, a case will be re-allocated to the previously allocated Social Work Unit to deliver this intervention.

Early Help

Early help services provided within the Children, Adults and Community Health Directorate of the Council are organised as follows:

- Family Support Services for the under-fives are coordinated by multi-agency teams (MATs) coordinated via six local Children's Centres;
- Targeted youth support from six to nineteen is delivered by Young Hackney;
- Family Support Services for over fives is delivered by Family Units based in the Hackney Service Centre.
- If a family has children under and over 5, the social workers will make a judgement on a case by case basis about the identified needs and the best provision of support to meet these needs.

Where a referral on from FAST to one of the above services is deemed appropriate as an outcome of a contact, consent will be sought from a parent/carer prior to making this referral, unless it has already been sought by the referrer or the offer of Early Help is made directly by an Early Help partner when they are co-located in FAST. Within a referral, FAST staff will outline the nature of the concern, any known history of concern, the details of any screening activities undertaken, an analysis of the child and family's presenting needs and a recommendation of the early help support required. Upon receipt of this referral from FAST, the relevant early help service will allocate the case for early help support.

Where a referral has come in directly into one of the early help services above, consent from the family will be sought by the relevant early help service to request background information from FAST. If consent is provided FAST will share a summary of the family's history with Children and Families Service, key health information provided by the FAST health team and basic education information.

Contextual Safeguarding Referrals

Hackney Children and Families Service, in partnership with the University of Bedfordshire, received funding from the Department for Education (DfE) Children's Social Care Innovation Programme in March 2017. The Contextual Safeguarding Project is focused on reducing the risks that young people face in extra-familial contexts including risks associated with peer abuse and sexual or criminal exploitation. The project is developing new approaches and systems to support practitioners to appropriately assess risk of harm that comes from beyond a young person's family to develop and implement contextual intervention plans to actively change contexts of concern. A range of training on Contextual Safeguarding has been developed and is being delivered. Contextual Safeguarding processes to support practitioners to think about and respond to contextual risks faced by young people have been developed, and these are being piloted within the Children and Families Service (CFS).

If you have identified contexts of concerns outside the family home (e.g. peer group, location, estate, local park, business), please share these with FAST who will be able to identify which agency is best placed to respond to these concerns at a group and/or individual level.

Governance

FAST is governed by the multi-agency FAST Steering Group. This protocol has been agreed within the Steering Group and any changes to this document will be agreed by the partnership. This document should be read in conjunction with:

- [London MASH Information Sharing Guidance](#)
- FAST Steering Group Terms of Reference dated August 2018 (see Appendix iii)

Appendix

Appendix I – Hackney Child Wellbeing Framework

Hackney Child Wellbeing Framework

The Hackney Child Wellbeing Framework focuses upon child and family needs, not thresholds for services. It does, however, attempt to give an indication of what might be an appropriate approach to responding to child and family needs by defining three levels:

- **Universal** – a response by universal services, often working individually
- **Universal Plus and Universal Partnership Plus** – a response by universal services working together in universal settings and sometimes bringing additional targeted resources into a multi-agency partnership plan to both assess and address concerns
- **Complex/high risk** – a response that requires high level specialist services, often governed by statutory frameworks, to take the lead role.

Universal services that meet universal needs include schools and childcare providers, children's centres, health visiting, school nursing, GPs, play services, Young Hackney, police, housing and the voluntary and community sector.

Some of the targeted services that can support universal services include family support services, First Steps, Young Hackney, Special Educational Needs, behaviour and educational support, speech and language therapy, short breaks and support for transitions, and voluntary and community services.

When needs are numerous or sufficiently intense to require a Universal Plus or Universal Partnership Plus response, this will often require a written plan as part of the Common Support Framework, Key Worker Action Plan (step across) or a Child and Family Assessment (step down) so that the family and all workers involved are aware of what outcomes we hope to achieve, who is responsible for the actions to achieve them and how we will know when we are successful.

When children and families have complex needs or are high risk, specialist support will sometimes be provided by Children's Social Care. This is indicated in the table by using a **bold typeface**. These are often situations where the child is at risk because of deficits in parenting or carer capacity. Other specialist services include Young Hackney, Child and Adolescent Mental Health Services and specialist disability services (social care and/or health).

The pathway and processes for responding to need are described in the Resource Guide.

It is important to remember that each child and family will have a unique set of needs and strengths. The Child Wellbeing Framework is a guide and is not intended to replace professional knowledge, experience and discretion.

Professionals should be alert to the likely cumulative effect on children and young people of multiple concerns and consider whether the presence of numerous indicators (about the parenting being provided) amounts to the child's needs being neglected.

Universal <i>Any identified additional needs can be met by universal services.</i>	Universal Plus and Universal Partnership Plus <i>Child/young person's needs can be met by universal services working together or with the addition of some targeted services</i>	Complex/High Risk <i>Child/young person's needs require specialist services or a statutory response including Children's Social Care investigation and/or intervention</i>
Health		
<ul style="list-style-type: none"> • Has had all age-appropriate interventions in the Healthy Child Programme • Is healthy and well, development is age-appropriate and has had all appropriate immunisations • Has a healthy diet and appears well-nourished • Is registered with a GP and basic services such as dentist, optician • Can manage own treatment for any condition e.g. asthma, and take part in everyday life 	<ul style="list-style-type: none"> • Long term conditions or serious illness • Frequent illness/accidents • Mild level of disability requiring additional support to be maintained in a universal setting • Poor nutritional status • Developmental delay • Non-immunised • Significantly under/overweight • Significant faltering growth of known cause • Multiple attendances at A & E or acute healthcare settings • Language and communication difficulties • Missed appointments—routine and non-routine • Child has significantly dropped in their placement along the 'centile' range for height/weight without adequate explanation • Child has conditions which, because of parents/carers not adhering to treatment plan, cause unnecessary levels of suffering • Child is not appropriately supervised 	<ul style="list-style-type: none"> • Significant faltering growth of unknown cause • Significant developmental delays, disability or long term condition apparently caused or exacerbated by care given by parents • Injuries not consistent with explanation given • Disclosure of abuse from child/young person • Serious concern regarding fabricated/induced illness • Evidence of physical, emotional or sexual harm or neglect • Complex disability that cannot be maintained in a mainstream setting or without additional support • Child is born with indications of maternal substance misuse • Child in infancy has lost weight without adequate explanation • Child in hospital setting continuously for 3 months • Child is suffering as a result of inadequate access to primary/secondary healthcare • Child is consistently dirty/malodorous • Child has experienced or is at risk of experiencing Female Genital Mutilation • Young person has been victim of a knife or gun related injury

Emotional Health, Wellbeing and Behaviour

<ul style="list-style-type: none"> • Good mental health and psychological well being • Good quality attachments and relationships 	<ul style="list-style-type: none"> • Low self esteem, withdrawn, or shows signs of depression • Challenging behaviour that parents find difficult to manage • Bullying or being bullied • Non life-threatening self harm • Child has caring responsibilities that impact on behaviour/development • Anxiety, low level depression or other difficult feelings • Difficult behaviour including inappropriate risky behaviour • Parental or family separation, illness or health problems • Relationship difficulties with family, friends or teachers • Child is significantly delayed in speech/expressive communication • Young person is being pressured to become gang-involved 	<ul style="list-style-type: none"> • Child's behaviour/activities places self or others at imminent risk of serious harm • Child persistently runs away • Child appears to have been trafficked • Complex mental health and learning disability issues requiring long term or specialist interventions and treatment • Expression of suicidal thoughts • Severe or life-threatening mental health conditions (e.g. psychosis, risk of suicide or severe self harm, severe depressive episode, anorexia nervosa) • Severe impairment of functioning associated with mental health disorders (e.g. severe anxiety, severe OCD, phobic panic disorders, ADHD, ASD, Tourette's syndrome, school refusal where mental health disorder plays a significant role. • Conduct difficulties and those which co-exist with other disorders where specific interventions may influence outcome, including children and young people who present a forensic risk • Moderate to severe depression • Severe and/or complex relationship difficulties leading to significant impairment of functioning and wellbeing
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Education		
<ul style="list-style-type: none"> • Achieving key stages • Good attendance at school/ college/training • No barriers to learning • Planned progression beyond statutory school age 	<ul style="list-style-type: none"> • Poor concentration • Low motivation • Out of school/excluded • Regular truancy • Non-attendance which is not certified by health professionals • NEET or at risk of NEET • School Action Plus • Frequent moving of school without reasonable cause • Poor access to books, toys, educational materials and/or correct uniform • Educated at home with engagement from family but child is not developing appropriately • Child has poor pro-social relationships and is being bullied and showing signs of developmental delay • Child consistently falls asleep during lessons 	<ul style="list-style-type: none"> • Chronic non-attendance, truanting • Permanently excluded • Children missing from education • No parental support for education • Statement of Special Educational Needs/Education Health and Care Plan • Professional concerns about the safety or wellbeing of a child whose family has elected home education
Social and Neighbourhood		
<ul style="list-style-type: none"> • Development stimulated through play and/or appropriate peer group interaction • Knowledgeable about the effects of crime and anti-social behaviour • Age-appropriate knowledge about sex and relationships • Age-appropriate independent living skills 	<ul style="list-style-type: none"> • Illegal employment • Difficulties with peer relationships • Child/young person not exposed to new/stimulating experiences • Pro-offending behaviour and attitudes • Coming to the notice of police • Engaging in substance misuse • High levels of anti-social behaviour/criminality • Being a victim of crime 	<ul style="list-style-type: none"> • Under 13 engaged in sexual activity • Child is begging/ scavenging for food or money • Teenage parent under 16 • Young person being harmed through their substance misuse • Young people who pose a risk of harm to others • Young people involved in the Criminal Justice System • Child in secure remand • Inappropriate or harmful sexual/sexualised behaviour

Social and Neighbourhood (continued)

- Learning disability that places young person in vulnerable situations
- Child is not appropriately supervised in the home or community
- Young person is undertaking activities that evidence gang-involvement e.g. videos
- Child/young person is displaying extremist views and behaviours
- **Child being sexually exploited**
- **Child exploited for criminal purposes**
- **Child/young person being groomed into violent extremism**
- **Child in custody with no family support or involvement**
- **Child in hospital setting continuously for 3 months**

Parents/Parenting

- Consistent parenting providing appropriate guidance and boundaries
- Child's physical needs are adequately provided for
- Parenting generally demonstrates praise, emotional warmth and encouragement
- Positive family relationships, including between separated parents
- Mental and/or physical health needs or learning difficulties that can affect care of the child
- Postnatal depression
- Excessive anxiety regarding child's health
- Colludes with or condones failure to attend school
- Inconsistent or harsh parenting
- Lack of consistent boundaries, supervision and guidance
- Relationship difficulties that impinge on child
- Substance and/or alcohol misuse affecting parenting
- Criminal or anti-social behaviour
- Learning difficulties that affect parenting/caring
- Parent/carer has health needs or engages in behaviour that leads to child being a 'young carer'
- Parent/carer is begging for food/money
- Parent/carer avoiding or refusing to engage with professionals where a concern has been raised
- Failure to access pre/postnatal care
- Very young or vulnerable child left alone
- Drug or alcohol abuse seriously affecting the ability to function
- Child/young person rejected from home
- Inability to judge dangerous situations
- Inability to protect child from harm
- Emotional neglect where earlier interventions have not been effective
- Adult mental health significantly impacting on the care of the child or young person
- Parent has serious mental health condition and child/young person is subject of parental delusion
- Parent/carer with significant learning disability seriously affecting ability to parent
- Any parent/carer who attempts suicide or self-harm
- Parent causing significant harm to child

Continued overleaf

Parents/Parenting (continued)		
	<ul style="list-style-type: none"> • Parent/carer does not encourage development of child's independence • Parents/carers fail to understand the physical, social and spiritual needs of children at specific ages or stages • Parents/carers do not take responsibility for issues which are beyond a child's developmental maturity 	
Family and Environment		
<ul style="list-style-type: none"> • Good family relationships • Family feels accepted by the community • Family members are physically well and mentally stable • Family has positive relationships and appropriate support from others • Income is consistent and sufficient to meet basic family needs • Family have access to good, age-appropriate facilities 	<ul style="list-style-type: none"> • Inadequate/overcrowded housing • Family homeless or in temporary accommodation • Family routine not conducive to child's needs • Socially or physically isolated • Household members with disability or significant health problems • Family experiencing harassment, discrimination or are victims of crime • Children sometimes wear inappropriate clothing or appear unkempt • Scale 1 & 2 Domestic Violence as per Barnardo's Guidance • Home environment is not suitable for children/there are visible health and safety risks • The home is very cluttered 	<ul style="list-style-type: none"> • Children who are being looked after in private fostering arrangements • Adult who poses risk to children is in household or in contact with family • Drug taking, prostitution, and illegal activities that significantly impact on child • Children consistently appear dirty/clothing is inappropriate for climate • Imminent family breakdown • Homeless and destitute • Scale 3 & 4 Domestic Violence as per Barnardo's Guidance • Medicines or harmful products have been ingested by the child • There is insufficient/ inadequate food for the child to eat

Appendix ii - Caldicott Principles and Golden Rules of Information Sharing

1. Everyone must understand his or her responsibilities whilst also remembering **that the Data Protection Act* is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be share, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Share with consent where appropriate** and, where possible, respect the wishes or those who do not consent to share information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case whilst understanding and complying with the law.
4. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
5. The duty to share information can be as important as the duty to protect confidentiality. In making decisions consider safety and well-being by basing information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely. Access to confidential information should be on a strict need-to-know basis.
7. Justify the purpose(s) for using confidential information by **keeping a record of your decision and the reasons for it** – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.
8. When requesting information from another professional, **ensure that you provide the context for why this is needed.** Professionals will be unable to judge what is necessary, proportionate or relevant without knowing the nature of the concern you have for the child, young person or family.
9. Remember that **international information sharing** may be different.

*Please note that although the General Data Protection Regulations (GDPR) has updated data sharing regulations the principles of good information sharing remain the same.

Appendix iii- FAST Steering Group Terms of Reference dated August 2018

Hackney First Access and Screening Team Steering Group

Terms of Reference August 2018

1. Purpose:

The Hackney First Access and Screening Team (FAST) Steering Group is responsible for strategic oversight of the implementation of the three core functions of FAST as set out in the FAST Operational Protocol:

1. The front door for statutory social work intervention by Hackney Children's Social Care (known in many boroughs as the MASH);
2. An early help hub, where children and families who are deemed to be not in need of statutory support are offered advice and guidance, sign-posting, and/or referrals to services within the council or in the community that are best placed to meet their needs.
3. An information sharing hub, where requests for information from multi-agency partners are responded to in a timely way, proportionate to each agency's involvement in a child and family's life.

2. The Steering Group will:

- Collaborate as key stakeholders in the continued development and refinement of our single point of contact for Children and Families Services;
- Agree to share information as set out within the MASH ISA protocol;
- Provide data and analysis of local trends, including risks to inform service delivery and commissioning;
- Provide support and challenge to promote best practice in safeguarding children and families;
- Work to address obstacles and barriers in progress towards best practice;
- Approve changes to the delivery model and partnership interface in the context of organisational and policy changes.

3. Meetings

The Steering Group will meet every quarter.

4. Governance and Accountability:

The Steering Group reports to the Chief Executive of the London Borough of Hackney through the Corporate Director of Children's Services.

The Steering Group will provide reports, when appropriate, to the City and Hackney Safeguarding Children's Board.

The Steering Group will interface with the London MASH Operational delivery Group.

Members of the Steering Group will take responsibility for working within their own organisations and service divisions to promote the concept, communicate progress and overcome obstacles.

5. Membership

Role	Organisation	Name	Contact Address
Chair	Children's Social Care	Huw Bevan, Head of Service	huw.bevan@hackney.gov.uk
Steering Group Members	Children's Social Care	Laura Bleaney, Service Manager	laura.bleaney@hackney.gov.uk
	Early Years	Donna Thomas, Service Manager	Donna.thomas@learningtrust.co.uk
	Health	Marcia Smikle Head of Safeguarding Children, Homerton University Hospital	Marcia.smikle@homerton.nhs.uk
	Health	Eleanora Bennie Service Manager, Homerton University Hospital, Safeguarding School Nurse Service	Elenora.Bennie@nhs.net
	Borough Police	John Hitchens	john.p.hitchings@met.pnn.police.uk
	CAIT	TBC	
	Probation	Stuart Webber, Head of Service	Stuart.webber@probation.gsi.gov.uk
	Young Hackney	John Hart, Service Manager	john.hart@hackney.gov.uk
	DAIS	Lesley Weber, Service Manager	lesley.weber@hackney.gov.uk