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| **Multi-Agency Safeguarding Hub Operational Procedures** |  |

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**Introduction**

The Multi-Agency Safeguarding Hub has been implemented to safeguard Torbay’s children and families. It aims to provide the highest level of knowledge and analysis of all known intelligence and information across the safeguarding partnership to ensure all safeguarding activity and intervention is timely, proportionate and necessary.

The vision is to identify and make safe at the earliest opportunity all vulnerable people in our communities through the sharing of information and intelligence across the safeguarding partnership.

Torbay’s MASH aims to provide a more consistent, timely and co-ordinated multi-agency response to individual situations relating to welfare and safeguarding concerns to children and young people. The intent is to improve the quality of information sharing between agencies in order that decision making can be both more effective and more robust.

Objectives of MASH include:

* Improved safeguarding decision making at the point of referral;
* Early identification of harm and risk;
* Improved interface with Early Help and Targeted Services.

Torbay MASH has been developed in line with and supported by Torbay Council, Torbay’s Safeguarding Children Board, Devon and Cornwall Police, NHS England, Torbay Safeguarding Adults Board, Torbay Probation.

**Torbay MASH is now operating within a Signs of Safety framework, this is reflected within the MASH referral form and will be utilised when providing analysis on case decisions.**

**What is a MASH?**

Torbay’s Multi-Agency Safeguarding Hub (MASH) will provide information sharing across all organisations involved in safeguarding - encompassing statutory, non-statutory and the third sector. Essentially the MASH will analyse information that is already known within separate organisations in a coherent format to inform all safeguarding decisions. All partners will work together to provide the highest level of knowledge and analysis to make sure that all safeguarding activity and intervention is timely, proportionate and necessary.

**Torbay MASH has a set of principles underpinning thresholds** –

* To enable timely, well informed decision making that leads to high quality help for the most vulnerable supported by appropriate and robust information sharing;
* To ensure help provided to children and families is from the right source, at the right time;
* To promote intervention by the least intrusive approach, whilst preventing gaps in support arising from individual agency responses;
* To reduce referrals, in particular those which are inappropriate, to Children’s Social Care.

**Who is in the MASH?**

The MASH is a team of people who continue to be employed by their individual agencies but who are co-located in one office.

Torbay MASH is co-located on the 2nd floor of Torhill House, Torquay. Torbay MASH currently consists of:

* Children's Social Care;
* The Police Central Safeguarding Team (CST);
* Children’s Safeguarding Health team;
* Education Social Workers (TESS);
* Adult Social Care;

Virtual links include:

* Housing
* Probation
* IYSS
* Early Years

Telephone – Any referrals from professionals will be followed up in writing

Post

Email

Face to face

Screening Hub - contact loaded (if not already open / allocated) → Screened by Manager

Discussion with child / parent / carer / Gather more information – Decision on action

**Further Information Required**

Imminent safeguarding concerns identified

Clear request for support – Early Help with consent

Passed to single Assessment Team

Strategy Discussion / Meeting in MASH

**Strategy Discussion / Meeting**

Passed to Early Help

Passed to Single Assessment under Section 47

Passed to Single Assessment Team under Section 17

Passed to Early Help

No Further action – referral closed

Pass to EARLY HELP

No Further Action

Passed to Single Assessment under section 47

Passed to Single Assessment Team under Section 17

Multi Agency Meeting for joint decision making

Passed to Single Assessment under Section 47

Passed to Single Assessment Team under Section 17

Pass to EARLY HELP

No Further Action

**Making a MASH contact/referral**

Referrals must be made to the Multi Agency Safeguarding Hub (MASH) in one of the following ways:

* In writing, using the MASH referral Form; this can be emailed to Torbay.safeguardinghub@torbay.gov.uk;
* By telephone, to Children’s Social Care on 01803 208100;
* In an emergency outside office hours, by contacting the [**Emergency Duty Team**](http://oxfordshirescb.proceduresonline.com/chapters/pr_contacts.html#edt) or the Police;
* If the child is known to have an allocated social worker, referrals should be made directly to the allocated worker or, in her/his absence, the manager or a duty officer in that team.

All professionals must confirm telephone Child Protection enquiries/referrals in writing, within 48 hours of being made, using the MASH referral form.

Professionals in all Torbay’s Safeguarding Children Board agencies should have internal procedures, which identify Designated Professionals or Named Professionals - that is, managers or staff, who are able to offer advice on safeguarding children matters and decide upon the necessity for a referral.

Arrangements within an agency may be that a Designated Professional makes the enquiry/referral. However, if the Designated Professional or Named Professional is not available, the enquiry/referral must still be made without delay.

The person making the MASH enquiry should provide the following information if available – (**NB** absence of information must not delay a referral):

* Full name, date of birth and gender of child/children;
* Full family address and telephone number, and any known previous addresses;
* Identity of primary carer and those with [**Parental Responsibility**](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/parental_respons.html);
* Names, date of birth and information about all household members, including any other children in the family, and significant people who live outside the child’s household, including other children suspected to be in contact with an alleged perpetrator;
* Ethnicity, first language and religion of children and parents/carers;
* Any need for an interpreter, signer or other communication aid;
* Any special needs of the child/ren;
* The child’s school, if of school age;
* The child’s GP;
* Any significant/important recent or historical events/incidents in the child or family’s life;
* Risk to professionals;
* *Any information about difficulties being experienced by the family/household due to domestic violence and abuse, mental illness, substance misuse, and/or learning difficulties;*
* Whether the child has recently spent time abroad or recently arrived in the area;
* Cause for concern including details of any allegations, their sources, timing and location;
* Identity and current whereabouts of the suspected/alleged perpetrator;
* Child’s current location and emotional and physical condition;
* Whether the child is currently safe or is in need of immediate protection because of any approaching deadlines (e.g. child about to be collected by alleged abuser);
* Child’s account and the parents’ response to the concerns if known;
* Referrer’s relationship with and knowledge of the child and parents/carers, and any ongoing assistance likely to be given;
* Known current or previous involvement of other agencies/professionals;
* Information regarding parental knowledge of, and agreement to, the referral;
* If any relevant assessment such as Early Help Referral has been undertaken this should accompany the written referral.
* Any known or identified CSE/Missing concerns or risks

**How MASH Enquiries/Referrals will be received**

*Referrers should have an opportunity to discuss their concerns with a qualified social worker.*

The MASH will ensure that a social worker is available to receive MASH enquiries; outside normal working hours, the Emergency Duty Team will receive referrals.

The MASH will acknowledge receipt of a written MASH Enquiry/referral within ONE working day. This will be in the form of an automatic email response.

The MASH will deal with MASH Enquiries in accordance with the Assessment Framework of Children in Need and Their Families and determine whether a MASH Enquiry should be responded to on the basis that the child is in need of support under section 17 of the Children Act 1989 or in need of protection under section 47 of the Children Act 1989.

See Appendix 1.

The worker receiving an enquiry will establish:

* The nature of the concern;
* How and why it has arisen;
* What the child’s and family’s needs appear to be;
* Whether the concern involves [Significant Harm](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/significant_harm.html)**;**
* Whether there is any need for any urgent action to protect the child, any other child in the same household or any child in contact with an alleged perpetrator;
* Whether they have any information about difficulties being experienced by the family/household due to domestic violence and abuse, mental illness, substance misuse, and/or learning difficulties.

To do so, the worker receiving the MASH Enquiry will usually discuss the case with the referrer and in doing so, will:

* Give their name and designation;
* Help the referrer to give as much relevant information as possible and repeat back to the referrer the key points using the checklist indicated above;
* Clarify information that the referrer is reporting directly and information that has been obtained from a third party;
* Discuss whether there are concerns about maltreatment/neglect and if so, what is their foundation;
* Clarify who has and who has not been told about the referral;
* Clarify the whereabouts of the child;
* Discuss whether it may be necessary to consider taking urgent action to ensure the safety of the child or any other child in the same household or who is in contact with an alleged perpetrator;
* Agree how to re-contact the referrer if further clarification is required;
* Clarify the extent to which the referrer’s anonymity can be maintained (if this is an issue in the case of a non-professional referrer);
* Clarify expectations about how and when feedback is to be given.

At the end of any discussion or dialogue about a child, the referrer (whether a professional or a member of the public or family) and the MASH should be clear about who will be taking what action or that no further action will be taken. The outcome of any such discussion should be recorded by the MASH, and by the referrer (if a professional).

The worker receiving the MASH Enquiry must consider whether there are other children in the same household, the household of an alleged perpetrator or elsewhere, who should be considered as part of the referral.

Parents should be informed of the MASH Enquiry/referral and if appropriate their permission sought to share information with other agencies unless to do so would:

* Be prejudicial to the child’s welfare;
* Cause concern about the behaviour of the adult concerned with the child;
* Cause concern that the child would be at risk of further Significant Harm.

(See also Information Sharing Arrangement for MASH for further guidance.)

In these circumstances, a manager from the MASH may decide to consult other relevant agencies without seeking parental consent. Any such decision must be recorded with reasons. See below for further details.

**Consent**

The MASH Manager is responsible for clarifying that the partnership has received consent before the service initiates the MASH Process. Where consent has not been obtained it is the responsibility of the MASH Manager to consider if it is appropriate to over-ride using the seven golden rules within Information Sharing guidance for practitioners and managers [www.everychildmatters.gov.uk/informationsharing](http://www.everychildmatters.gov.uk/informationsharing). The decision should be clearly recorded on the child’s file.

Details for consideration of consent can also be found within the Child’s Journey Matrix on the council website by clicking [www.torbay.gov.uk](http://www.torbay.gov.uk)

If a case is assessed as universal or is to be passed to the Early Help Team then consent **is required** and it should be the responsibility of the referrer to ensure this is captured.

Specific consent must come from a parent with Parental Responsibility (PR) or a Gillick /Frazer competent young person themselves.

In relation to cases where “significant concerns” & “a risk of harm” are present, the MASH Manager will review the Sec 47 threshold. The MASH Manager is responsible for the decision as to whether the concerns and the identified risks represent “likelihood of significant harm’ **or not** and the decision to contextualise under Sec 47 CA 1989 as opposed to Sec 17 CA 1989.

**Consultation with Parents**

Professionals should seek, in general, to discuss concerns with the family and, where possible seek the family’s agreement to making a referral unless this may, either by delay or the behavioural response it prompts or for any other reason, place the child at increased risk of [**Significant Harm**](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/significant_harm.html).

See also Information Sharing Arrangements for MASH.

A decision by any professional not to seek parental permission before making a referral to Children’s Services must be recorded and the reasons given.

Where a parent has agreed to a referral, this must be recorded and confirmed in writing using the MASH referral Form.

Where the parent is consulted and refuses to give permission for the referral, further advice should be sought from a manager or the [Designated Professional](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/desig_professional.html) or [Named Professional](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/named_professional.html), unless to do so would cause undue delay. The outcome of the consultation and any further advice should be fully recorded.

If, having taken full account of the parent’s wishes, it is still considered that there is a need for a referral:

* The reason for proceeding without parental agreement must be recorded;
* Children’s Services should be told that the parent has withheld her/his permission;
* Unless to do so would place the child at greater risk of Significant Harm or prejudice the enquiry, the parent should be contacted by the referring professional to inform her/him that after considering their wishes, a referral has been made.

**Listening to the Child**

If a child makes an allegation or discloses information which raises concern about Significant Harm, the initial response should be limited to listening carefully to what the child says so as to:

* Clarify the concerns;
* Offer reassurance about how s/he will be kept safe; and
* Explain that the information will be passed to Children’s Services and/or the Police.

No promises should be given to the child that any information he or she gives will be treated confidentially; it must be explained that any information by a child that indicates that he/she or any other child may have been abused must be referred to Children’s Services.

If a child is freely recalling events, the response should be to listen, rather than stop the child; however, it is important that the child should not be asked to repeat the information to a colleague or asked to write the information down, unless specifically requested to do so by the MASH.

If the child has an injury but no explanation is volunteered, it is acceptable to enquire how the injury was sustained.

However, the child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice police investigations, especially in cases of [Sexual Abuse](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/sexual_abuse.html).

A record of all conversations, (including the timings, the setting, those present, as well as what was said by all parties) and actions must be kept.

No enquiries or investigations may be initiated without the authority of Children’s Services or the Police.

If the child can understand the significance and consequences of making a referral, he/she should be asked her/his views by the referring professional.

Whilst the child’s views should be considered, it remains the responsibility of the professional to take whatever action is required to ensure the safety of that child and any other children.

**Outcome of a MASH contact/referral**

All professionals who make a MASH Enquiry/referrals about children should be aware that the referral will not automatically result in a Child Protection investigation and/or Single Assessment and some situations that are potentially harmful to a child may be dealt with, initially, by offering support to the child and family. This may be through a step-down to Early Help Panel.

The MASH will decide upon and record their next steps of action within one working day of receiving a referral; this will include making a decision on whether or not to share information with other agencies. The MASH also undertakes a risk assessment at this point.

Any child over 10 will be also be considered using the CSE risk assessment tool.

Cases considered under S47 The Children Act 1989 will be dealt with immediately. Once a referral is contextualised under Sec 47 CA 1989, the MASH Manager is responsible for making the decision as to whether or not the situation justifies consent being overridden and for notifying the Duty Assessment Manager of the requirement to progress a Strategy Discussion with CST and other partners.

All other contacts/referrals will be considered within 24 hours and a decision made as to how the information will be progressed. Where there is insufficient information to make a robust decision, a decision may be made to convene a MASH meeting where multi-agency information will be shared in order to inform the outcome. No case can be subject to the MASH process without consent or a management decision that it is lawful to override consent.

Please see MASH flowchart for sequence of decision making.

The information gathering and decision-making process takes place within these timeframes.

The MASH Manager will need to decide if the case meets the criteria for a statutory service as described above or step down, in which case it will follow the Early Help Pathway (if it is not taken up by either, it will go to a screening social worker to gather further information or provide advice and support).

The decision about future action will take account of the discussion with the referrer, consideration of information held in existing records and discussion with any other professionals or services as necessary.

The outcome of the MASH Enquiry will be:

* That the child and family are in need of support from Early Help or Targeted services and will be passed to the Early Help team to progress as required.
* That the child appears to be a [**Child in Need**](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/child_in_need.html) under S17 and there are concerns about the child’s health and development which justify a Single Assessment but there are no present concerns about [**Significant Harm**](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html); or
* That the child appears to be a Child in Need under S17 and there are concerns about actual or potential Significant Harm which requires a [**Strategy Discussion**](http://www.proceduresonline.com/resources/keywords_online/nat_key/keywords/strategy_discussion.html), which may lead to a Child Protection Enquiry; and/or
* That emergency protective action should be taken to safeguard the child or children (this will usually be determined by an immediate Strategy Discussion); or
* That consent is required and/or further information is needed; this will be allocated to a social worker in MASH to progress
* That a referral to Early Help/another agency is made and/or the provision of advice and information is acted on; or
* That no further role is required. NB It is unlikely that a referral will result in no action but may conclude with sign posting to other services or information and advice to professionals and/or family members.

Feedback on the outcome of a MASH Enquiry should be provided to the referrer in writing, including where no further action is to be taken. In the event that an agency does not agree with the response and decisions about the referral by the MASH, the referring agency should discuss their concerns directly with the MASH Team Manager, in the first instance to seek resolution. If this does not resolve the issue, this should be escalated to the Head of Service responsible for MASH or professionals should consider the need to use the TSCB escalation policy.

Where members of the public are unhappy with a response from the MASH, they should be directed to the Councils Complaints department.

Finally if referrals are received into the MASH that do not contain sufficient quality or the necessary consent to allow for a robust decision, then the MASH may send a letter to the referrer outlining the inability to accept a referral.

**Recording**

The referrer should keep a written record of:

* Discussions with the child;
* Discussions with the parent;
* Discussions with managers;
* Information provided to the duty social worker;
* Decisions taken (clearly timed, dated and signed);
* Records should be reviewed at regular intervals to ensure that decisions taken are followed through.

The referrer should confirm immediate telephone CP referrals in writing, within 48 hours, using the MASH referral Form. The worker receiving the referral should keep a written record of:

* Discussions with the referrer;
* Discussions with any other professionals or agencies involved (including the Police where a crime against a child may have been committed);
* Any other relevant information which was taken into account;
* Discussions with managers;
* Decisions taken (clearly timed, dated and signed);
* Records should be reviewed at regular intervals to ensure that decisions are followed through.

Feedback on the outcome of a referral should be provided to the referrer in writing, including where no further action is to be taken.

**Conflict Resolution**

Within the MASH the MASH Manager has overall responsibility for case work decisions so difference of opinion/ perspectives are addressed by that officer.

Recognising the complexity of the partnership it is acknowledged that individuals may feel it is appropriate to take difference of opinion outside the immediate team.

In this case the matter should be escalated by that individual to their manager who sits at a level consistent with the Head of Service. These officers are then tasked with resolving the matter or escalating further, referring to the TSCB Escalation policy.

**Review and Changes**

This document is designed to act as a reference to assist the service as it develops into co-location, expands membership and becomes imbedded within everyday practice. The document and the operation of the MASH will be subject to a formal review by the responsible Head of Service by 31st June 2017 and subsequent report to be made to the TSCB - MASH Subgroup.

**Governance**

Governance of the MASH sits with Torbay’s Senior Management Group via the Social Care Management Team Meeting (CSMT).

There will also be an Operational Board that will meet on a quarterly basis, to be chaired by Children’s Services MASH manager. This will aim to consider the progress of the MASH from a multi-agency perspective and to assess both qualitative and quantitive data available.

A Quality Assurance Framework will sit alongside the operational procedures to provide a methodical way of evaluating Torbay’s MASH from November 2015 onwards. Over time the aim will be to demonstrate the value that MASH is adding in terms of safeguarding work, outcomes and use of resources. This will also support the Governance arrangements across partnership and within the community.