



# **Coventry Multi-Agency Safeguarding Hub (MASH)**

## **Operating Procedures**

**January 2018**

## **Contents**

### **1.0 Context**

### **2.0 Operating Principles**

### **3.0 Coventry Children's MASH Contact Process**

#### 3.1 Overview

#### 3.2 How to Discuss/Raise Concerns

- Telephone
- Out of Hours Contact (Emergency Duty Team)
- Email
- Multi Agency Referral Form (MARF)
- Person Posing a Risk to Children (PPRC)
- CAF and Early Help
- Unaccepted Channels

### **4.0 Recording Contacts**

#### 4.1 New Contacts

#### 4.2 Existing Cases

#### 4.3 Process for Telephone Contacts

#### 4.4 Persons in a Position of Trust (POT)

#### 4.5 Telephone Contacts from the Public

### **5.0 Children's MASH Triage Process**

#### 5.1 Children's MASH Triage process

### **6.0 Outcome of the Children's MASH Triage & Initiation of a MASH Assessment**

#### 6.1 Diversion to CAF

#### 6.2 Escalation of Mash Contact to Strategy Discussion

#### 6.3 Private Fostering

#### 6.4 No Recourse to Public Funds (NRPF) & Unaccompanied Asylum Seeking Children (UASC)

#### 6.5 Section 17

### **7.0 MASH RAG Rating Table**

### **8.0 Domestic Abuse Referrals from the Police**

#### 8.1 Overview of the referral pathway

#### 8.2 Information Entering the Children's MASH Triage and the MASH

#### 8.3 Access to Children's Social Care Thresholds

#### 8.4 Re-referrals

#### 8.5 New and Open Cases

#### 8.6 Referral of Open Social Care Cases

#### 8.7 Initiating Screening

#### 8.8 Escalation of MASH Contact to Immediate Strategy Discussion

## **9.0 Information Gathering & Sharing**

- 9.1 Children's Social Care
- 9.2 Police
- 9.3 Health
- 9.4 Education
- 9.5 Community Safety
- 9.6 Probation
- 9.7 Common Assessment Framework (CAF)
- 9.8 Agencies outside of the MASH Partnership

## **10.0 MASH Discussions**

- 10.1 Review of Risk Assessment (RAG Rating)
- 10.2 Deciding What Response the Case Requires

## **11.0 Disclosing Information Out of the MASH**

## **12.0 MASH Partner Disagreements during Case Discussion**

## **13.0 Business Continuity**

## **14.0 Domestic Violence**

- 14.1 Referrals
- 14.2 Existing Cases
- 14.3 New Referral
- 14.4 Domestic abuse referrals (formally known as DV Screening)
- 14.5 Escalation of DV Notifications to immediate Strategy Discussion

## **15.0 High Level Process Mapping**

## 1.0 Context

The Initial Contact Team, now known as Coventry Children's MASH Triage, went live in September 2016, with the aim to ensure that families receive the right response at the right time, but also to ensure that professionals are supported in discussing concerns raised.

The Children's MASH Triage sits before the MASH, to offer support and advice to professional and the public who have concerns regarding a child, young person or family; so that any contact not requiring MASH consideration or meeting threshold are quickly signposted to the most appropriate service, and only those requiring a social care response are progressed to a MASH assessment. The new team is made up of Social Care staff and its main aims and functions are to ensure that:

- families receive the right response, from the right service, at the right time.
- families are not routinely subject to a statutory intervention and assessment when this is not required.
- families in crisis receive a timely response;
- initial contacts to the front door are responded to within 24 hours of receipt of the information; and
- agencies are aware of outcomes of contacts. Improve efficiency and ensure that only cases that needed to be subject to MASH proceeded down that route.

The aim of the Multi-Agency Safeguarding Hub (MASH) is to bring together key professionals from across the city to facilitate early, high quality information sharing, analysis and decision-making to deliver quality outcomes for children, young people and families.

As a result, decisions will be made quicker and targeted towards the most urgent cases. Indeed, more effective co-ordination between agencies will also lead to an improved service for children and their families, as well as allowing agencies to enhance risk management and mitigation.

The MASH comprises of a team of remotely located professionals from a range of key agencies, including West Midlands Police (WMP), Coventry & Warwickshire Partnership Trust (CWPT), Education, Probation and Children's Services. The MASH operates citywide to ensure:

- children are better protected from harm and risk is minimised;
- safeguarding concerns about vulnerable children and adults are dealt with faster and in a more co-ordinated and consistent manner;
- an improved 'journey' for the child with greater emphasis on early intervention and the provision of appropriate services at the right time;
- a better understanding of potential vulnerability, enabling preventative action to be taken;
- a closer partnership between agencies with greater accountability, effective use of resources, planning, delivery and less duplication of work;
- a reduction in the number of children inappropriately accessing services from Social Care, WMP, CWPT and others;
- a reduction in the number of inappropriate and repeat referrals;
- The implementation of an agreed set of key performance indicators to measure outcomes and monitor adherence to protocol.

## 2.0 Operating Principles

In delivering this, the MASH will:

- be child focused and design any new system around this;
- focus on the outcome of keeping children safe;
- ensure all partners are working toward common goals;
- maintain momentum and avoid delays at all costs;
- have awareness of prejudice and be willing to look at things differently;
- be open to challenge, persistent and honest;
- clarify roles, responsibilities and who leads on what;
- assess risks effectively and focus on priorities;
- work across service boundaries and act as one team;
- recognise that there is expertise across all agencies;
- have a 'can do' philosophy;
- not take information at face-value but dare to question and listen
- use resources effectively and achieve economies of scale where possible
- Respect 'consent' and 'confidentiality' when sharing information.

## 3.0 Coventry Children's MASH Triage and MASH Contact Process

### 3.1 Overview

Where a professional or member of the public has concerns regarding the welfare of a child they should contact the Children's MASH Triage via one of the following channels:

**Telephone:** (024) 7678 8555

**Fax:** 0203 3648443

**Email:** [MASH@coventry.gcsx.gov.uk](mailto:MASH@coventry.gcsx.gov.uk)

**Post:** **Coventry Children's MASH**, Coventry City Council, PO BOX 15, Council House. Coventry, CV1 5RR.

**Walk In:** Customer Service Centre, Upper Precinct, Coventry, CV1 1FS

The [Right Help, Right Time](#) document has been developed to support practitioners working with children to identify different levels of need or welfare concern and what services are available and appropriate to provide necessary support to that child. This is a key document and should be used to help understand whether making a Referral to Children's Social Care is required or if a Diversion or Step-down to Early Help is more appropriate.

Depending on the level of need identified within a contact, a further referral within the MASH for additional screening might be undertaken and an appropriate service response provided determined accordingly (e.g. a Section 47 Enquiry where concerns indicate the child has suffered or is at risk of suffering significant harm). The MASH screening process is described separately in Section 8.

Professionals may also need to contact the Children's MASH Triage where a person who may pose a risk to children has been identified, and in some instances, this will also require a Social Care response. In these cases, a MASH response will be initiated.

### 3.2 How to Discuss/ Raise Concerns

Members of the public can raise concerns regarding the welfare of a child to the Business Services Hub via a telephone call, while Professionals can raise concerns via a telephone call followed by a formal written referral using the [Multi-Agency Referral form \(MARF\)](#).

Available contact channels include:

#### Telephone:

Professionals or members of the public can call the Children's MASH on (024) 7678 8555.

This Service is open 8.30am – 5.00pm Monday to Thursday and 8.30am – 4.30pm on Friday.

#### Out of Hours Contact:

The Emergency Duty Team (out of office hours) can be contacted on (024) 7683 2222 at the following times:

5.00pm – 8:30am Monday – Thursday and 4.30pm Friday – 8:30am Monday

During bank holidays the Emergency Duty Team (EDT) is available during office hours and evenings.

*Please Note: This is not a continuing service and should be used for emergencies only.*

#### For internal professionals only the functional email box is:

[EmergencyDutyTeam@coventry.gov.uk](mailto:EmergencyDutyTeam@coventry.gov.uk) (which is listed on the global address list)

This is checked at the **beginning** of each shift. If a communication is sent after 5.00pm staff should also contact the number above to advise the Emergency Duty Officer currently on duty that new information has been forwarded.

#### E-mail:

Professionals can also make referrals to the Children's MASH and the MASH by completing and emailing one of the following forms via secure email:

#### Multi-Agency Referral Form (MARF):

In the first instance professionals need to call the MASH to alert them to their concerns. They will then be advised to complete and submit a formal Multi-Agency Referral Form. The [MARF](#) is a form in which professionals identify the child in question and articulate their concerns regarding the child's welfare. The form is available from the [LSCB website](#). The MARF will be automatically generated to [MASH@coventry.gcsx.gov.uk](mailto:MASH@coventry.gcsx.gov.uk).

## **Person Posing a Risk to Children (PPRC):**

The Regional PPRC procedure requires that all PPRC who have a current address in Coventry should be notified by the Police, Prison Service or the Probation Service to the MASH. They will add details of the PPRC to LCS and undertake full safeguarding checks. If they identify that there is a child currently linked with the offender, the notification is forwarded for an assessment of risk. The MASH will decide the appropriate action and if applicable workflow through LCS as a Referral.

## **CAF and Early Help:**

Where Early Help has been provided and a CAF is in place and there are concerns that may require a Social Care intervention, the [Step up Step down procedure](#) should be used.

## **Unaccepted Channels:**

Professionals are expected to use the agreed channels of communication and not in normal circumstances initiate contact via post.

Where these channels have not been used appropriately, partner agencies will be challenged. However, where a member of the public, or in the event a professional, does contact the Council to raise concerns regarding a child via post, this will still be progressed to the MASH as soon as possible.

## **4.0 Recording Contacts**

### **4.1 New Contacts**

All contacts about specific children not known or not currently open to Children's Social Care will be recorded on LCS as a Contact Record.

### **4.2 Existing Cases**

If the child is already known and open to Social Care, the Business Services Hub will notify the Triage Social Worker, who will contact the allocated Social Worker in the appropriate team to notify them of the new information. The allocated Social Worker will then take responsibility for dealing with the contact.

### **4.3 Process for Telephone Contacts**

Professionals or members of the public can call the MASH where they have concerns regarding the welfare of a child. Their call will be answered by a Business Service Officer (BSO) located in the Business Services Hub, who will ask a series of questions as per the Contact Centre Script.

The role of the BSO is to clarify the reason for contact and take basic information (i.e. the caller's name, address and telephone number, and the name, address and date of birth of child/ children, if specific children are the subject of the contact). The BSO is responsible for recording telephone contacts on LCS. The BSO will request that professionals complete and send the [Multi-Agency Referral form](#) by secure email within 24 hours.

The lack of a MARF will not delay decision-making about any subsequent action to be taken. The telephone contact will be logged on LCS by the BSO and this will be passed to the MASH Team Manager for review.

#### **4.4 Persons in a Position of Trust (POT)**

Where the concerns raised in the contact relate to a person in a Position of Trust (POT) these will be logged by the Business Service Administrator onto LCS and work flowed to the Children's MASH Triage who will review these concerns in the first instance before being reviewed by the MASH Co-ordinator.

Where screening on a vulnerable child is required, this will be undertaken as per the agreed Triage process and the Triage Social Worker will conditionally alert the Local Authority Designated Officer (LADO).

Where the contact does not require any screening to be undertaken this case will be transferred directly to the LADO on LCS. It is then the responsibility of the LADO to alert and involve a Social Worker from the appropriate Children's Social Care Team if required.

#### **4.5 Telephone Contacts from the Public**

If the nature of the enquiry is outside the remit of Children's Social Care (e.g. benefits advice) the BSO will signpost to the appropriate agency.

All other appropriate enquires or concerns should be passed to the MASH to Triage in the first instance.

If the enquiry is from a professional regarding an existing case, they will be transferred to the appropriate team.

If the caller requests general information or advice concerning child care matters the BSO or a social worker within the Triage will provide available information.

If the caller wishes to remain anonymous, the BSO should encourage them to give their identity and contact details, explaining that their confidentiality will be respected in all instances. The BSO should obtain as much information as possible from the caller, to ensure that, even if the referrer terminates the call, gets cut off or refuses to give a contact number, it should be possible to identify the child and follow up accordingly. Where a caller wishes to remain anonymous, the BSO should pass the caller to the MASH Team Manager as soon as is possible.

#### **4.6 Consent**

Professionals referring into Social Care remain responsible for informing the subject of the Referral, or the appropriate person unless there are exceptional and clearly documented reasons not to do so. Consent will be recorded on LCS and partners will be informed if consent has been received.

Consent does not need to be sought if:

- the person is placed at increased risk of harm

- it will lead to a delay about allegations of significant harm
- there is prejudice prevention, detection or prosecution of a serious crime

## 5.0 Children's MASH Triage Process

All contacts in relation to children and families are passed to the MASH Team Manager to review. The Manager will evaluate the information and concerns to decide on the most appropriate response. There are two services; the first service is the Children's MASH Triage, Team workers which consists of a range of professionals to explore early help or contacts where the concerns do not appear to meet threshold for social care intervention. The second service is MASH, on cases where there are immediate safeguarding concerns or the concerns appear to meet threshold for social care intervention, then these contacts will be passed to either service,

The function of the Children's MASH Triage is to:

- Review contacts;
- Ensure application of Child's Well Being Model [Right Help, Right Time](#)
- Signpost service users if appropriate to other services including Diversion to Early Help;
- Ensure adherence to the recording policy;
- Ensure all relevant electronic recording systems are checked and updated in a timely manner.

## 5.1 The Process for Children's MASH Triage

After review by the Children's MASH Team Manager, contacts will be sent to a worker within the team. The worker will then:

- contact the referrer to discuss the case in more detail
- ensure checks have been undertaken on LCS, Capita One and SURFACS if required.
- compile a short Chronology and a summary of the main issues
- make initial enquiries with other agencies as appropriate

Sometimes it will be the case that very limited information is provided within a contact, making it difficult to verify the authenticity of the concerns being raised. In these instances, such as when a child cannot be identified, an LCS record should be created with whatever information is available and the contact added and processed accordingly. Whilst in most instances this will result in no further action, it will enable possible links to be made should further concerns be raised in the future.

The Worker will screen all requests to identify whether the case meets the threshold for Social Care intervention. This decision is based on the [Right Help, Right Time](#) document and will include previous history to determine the level of risk or need.

## **6.0 Outcome of the Children's MASH Triage & Initiation of a MASH Assessment**

The Children's MASH Team Manager will apply a RAG rating to a contact based on the level of presenting risk. RAG ratings will mirror the thresholds defined within the [Right Help, Right Time](#) (See RAG rating Table in Section 7), recommend further action. If the outcome of the assessment is that it does not meet the threshold for a Referral into Social Care the case will either be diverted to Early Help, signposted to another agency or if no further action is required the contact will be closed. If the contact is deemed appropriate for a MASH Assessment the contact will be work flowed to MASH Partners for wider information gathering.

### **6.1 Diversion to CAF**

Where the case does not meet the agreed threshold for Social Care Intervention and a diversion to Early Help is deemed necessary, the Triage Worker will discuss the case with the CAF Co-ordinator co-located in the Family Hubs. All families that require Family help intervention, will be diverted to the most appropriate agency by the Team Manager.

### **6.2 Escalation of Contact to Strategy Discussion**

Where the screening of a Contact in the Triage identifies that the child has already suffered harm, or is at risk of suffering immediate harm, a Strategy Discussion should be held immediately. This will be chaired by a Team Manager or Snr Practitioner in Responsive Services.

In some cases Section 47 Enquiries may be initiated while further information sharing and screening is undertaken. This will be passed to the relevant Duty Manager in the identified locality to progress accordingly.

In order to deal promptly with child protection concerns, the Strategy Discussion may be brief and moved quickly into a Section 47 Enquiry. The MASH information gathering may be done in parallel to the initiation of a Section 47 Enquiry. All contacts in this instance will be given a RED RAG rating to initiate urgent information gathering.

### **6.3 Private Fostering**

If a private fostering referral is received by the MASH a private fostering tab will be opened and forwarded to the relevant Area Team to complete the private fostering arrangement assessment. The assessment would need to be completed by the social worker, quality assured by the Team Manager and then sent to the West Operational Lead for final approval.

### **6.4 No Resource to Public Funds (NRPF) & Unaccompanied Asylum Seeking Children (UASC)**

Referrals received in relation to No Recourse to Public Funds (NRPF) families will continue to be fast-tracked by the MASH Team Manager directly to the relevant locality duty manager for allocation and completion of a Children & Families Assessment.

Unaccompanied asylum seeking children (UASC) will be referred by the MASH directly to the LTC Service.

## 6.5 Section 17

Cases which are referred to the Children's MASH in relation to 16/17 year olds for the purpose of financial assistance will be fast-tracked by the Team Manager to the identified Area Team for further action to be taken.

## 6.6 Referrals to the Children's Disability Team (CDT)

The Children's MASH will be the point of contact for all cases relating to concerns in relation to a child with a disability. Where there is a safeguarding concerns of a child with a disability, this matter will be passed to the MASH team to gather further information and then transfer the case to the Children's Disability Team.

## 6.7 CSE

The Child Sexual Exploitation Team part of Responsive Services and therefore works closely alongside the MASH Team to ensure they are effectively managing the risk of CSE and investigations that come out of the MASH.

## 6.8 Missing Co-ordinator

Police frequently support with managing 'Missing Episodes'. It is therefore important that both agencies work together. The Missing Co-ordinator will collate information and intelligence from all partners to ensure safeguarding is timely, proportionate and necessary for keeping all children safe.

## 7.0 MASH RAG-Rating

Using the [Right Help, Right Time](#) document the Triage Co-ordinator will apply a RAG-rating to the contact where the need for a MASH Assessment has been identified, which will provide an appropriate timeframe for information gathering to take place.

RAG Rating	Timescale	Children's Social Care Thresholds and Practice Standards
Blue	24 hours of initial contact	<a href="#">Level 1</a>
Green	24 hours of initial contact if no MASH Assessment required/ 72 hours of MASH Assessment commencing in required	<a href="#">Level 2</a>
Amber	24 hours of MASH Assessment commencing	<a href="#">Level 3</a>
Red	4 hours of MASH Assessment commencing	<a href="#">Level 4</a>

## **8.0 Overview of the referral pathway**

This document provides an overview of the key working practices Children's Initial MASH. The following guidance document should be read in conjunction with the high-level MASH process map (see Appendix 1) which charts the main routes for contacts to be reviewed within the MASH including:

- High-level information sharing screening
- Domestic abuse screening & missing

### **8.1 Information Entering the MASH**

Each partner agency will already have in place documented business processes and procedures that identify and inform staff of circumstances that are adversely impacting upon the welfare or wellbeing of a child/ young person that will result in a referral to the MASH. Information entering either service will be in accordance with Section 27 of the Information Sharing Protocol.

### **8.2 Access to Children's Social Care Thresholds**

Cases that are deemed appropriate for a Social Care response or a case that will benefit from further multi-agency information gathering. This includes unborn children, children and young people up to the age of 18 years and children with disabilities.

### **8.3 Re-referrals**

Any cases that have previously been open to Children's Social Care and have been closed for over 8 weeks should also be subject to a review if the child has been identified as suffering or being at risk of suffering significant harm or impairment. However, if the case was closed and re-referred within an 8 week period then it will be automatically sent to the area team responsible for the primary address.

### **8.4 Initiating Screening**

Cases that are RAG-rated as Red, Amber and in some cases Green will be progressed for full high-level information sharing and screening. The MASH Team Manager will assign the Assessment for completion within the allotted timescale.

### **8.5 Escalation of Contact to immediate Strategy Discussion**

If from the information available within the contact it is apparent that the case meets the threshold for a Strategy Discussion, the MASH Team Manager will notify the relevant Area Duty Manager and a Strategy Discussion will then take place as soon as possible.

## **9.0 Information Gathering & Sharing**

Once a MASH partner is alerted to a new MASH Assessment, dependant on the RAG rating given, they will have a specific period of time in which to gather information from their respective information system.

Any relevant information on the child, other children or adults within the child's immediate network should be entered into the MASH Assessment form.

Where a MASH partner has any queries on the relevance of information, they should raise this with the MASH Team Manager or their respective agency Manager.

Where cases are due to exceed their timescale target, the MASH Team Manager has responsibility for alerting any MASH partners that have not completed their information gathering. Where issues are identified by partners, these should be escalated to the MASH Team Manager.

### **9.1 Children's Social Care**

It is the responsibility of the MASH Social Worker to check and review LCS and to gather information from other Children's Social Care Services where a child may have moved from another Local Authority area. Previous records (both electronic and paper) should be obtained if they have not already been made available and checked for previous history.

Children's Social Care information is provided as part of the MASH process

### **9.2 Police**

MASH Police Officers will have direct access to WMP email and the Crimes Portal system. They will have access to all other police systems via the West Midlands Police Central Referral Unit (CRU).

The team members working within the MASH will be experienced PPU staff and so will recognise relevant information to be shared.

When the MASH Police Officer receives a notice of a MASH Assessment, they will email this information to the CRU, making the timescale for response clear, in order to initiate information gathering as part of the assessment process. The CRU will gather relevant information and enter this onto the Crimes Portal, which will generate a reference number for the case. Once information gathering is complete the MASH Police Officer will access the Crimes Portal and collate relevant information, entering this onto the MASH Assessment form to signal that Police information gathering has been completed.

### **9.3 CWPT**

CWPT colleagues will have access to relevant IT systems which will inform decision-making processes relevant to a MASH Assessment.

When the CWPT representative receives an information request they will interrogate the IT systems available to them. Should records not be available electronically the professional will need to communicate with the appropriate service via telephone.

Where there is an indication that additional information is required to give an up-to-date history (i.e. recent attendance in ED, current inpatient or recent outpatient appointments) the CWPT representative will contact the relevant health discipline to

provide updates. The timescale for receiving information from health professionals will be communicated from the agreed MASH Assessment timescale.

The CWPT representative will be experienced in information sharing and be able to recognise benefits and limitations of information sharing. They will share all relevant and pertinent information available to them.

The information will be transferred to the MASH Assessment form for the MASH process to be completed.

The CWPT professional will participate in any case discussion or Strategy Discussion as required. Relevant information following this process will be recorded in the child's records as per Trust policy. Communication processes to bring information back to the named health professional are being developed.

#### **9.4 Education**

The Education representative will have access to Capita One (which contains information from SIMS) which includes information about schools, children and young people.

On receipt of a MASH Assessment in their work tray they will review the system to gather relevant information. The Education Officer will also telephone schools to gather any additional relevant information (including CPOMS where available). Relevant information will be entered into the MASH Assessment form. Any information disclosed to Education (as agreed at the MASH discussion) will be fed back as appropriate to Schools.

#### **9.5 Community Safety**

The Community Safety Team will facilitate the gathering of relevant information from Coventry City Council's Housing Options Team APRITAS - housing application, home finder system. Community Safety will also collate relevant information from Registered Housing Providers in Coventry as required.

#### **9.6 Probation**

The MASH Offender Manager (OM) will have direct access to all relevant Probation IT systems including National Probation Service and Community Rehabilitation Company e-mail. The OM will also have access to all Probation case management information (both paper and electronic) and risk assessment systems, via N-Delius and EOAYS (Electronic Offender Assessment System). These include historic and current information on anyone who has been subject to a Probation Supervision in the last six years.

The MASH OM will be an experienced member of staff who will recognise relevant information to be shared. When the MASH OM receives a MASH information request, all Probation systems will be checked and where an individual is current to Probation the relevant OM will be alerted immediately. Feedback will also be gained from all relevant sources including; Programme Staff, Unpaid Work, Recovery Partnership (where subject to mandatory treatment requirements) and electronic monitoring records etc.

Having interrogated relevant Probation systems and obtained all required updates, the Probation OM will then enter into relevant information into the MASH Assessment form.

Any relevant information disclosed from other partners will also be updated on all Probation systems to inform future or on-going risk assessment.

## **9.7 CAF**

The Early Help Co-ordinator in the hub will have access to eCAF as do workers within Social Care MASH, which is a system for storing and sharing CAF information. They will also have access to a database which records information from the Half Termly Meetings with schools regarding vulnerable children at the threshold of Level 2 and Level 3. MASH will liaise with the hub Early Help Co-ordinator with regards to open/historic Early Help cases.

On receipt of a contact into their work tray, they will review these systems to gather relevant information, which will then be entered onto the MASH Assessment form.

## **9.8 Agencies outside of the MASH Partnership**

Where other agencies who are not MASH partners (e.g. CAF/CASS) may hold information relevant to the MASH Assessment, it is the responsibility of the Triage Social Worker to progress this. Where appropriate, a relevant MASH partner may be requested to support this (e.g. where the external agency is the Ambulance Service, support from CWPT may be requested).

## **10. MASH Decisions**

Once all required MASH partners have completed information gathering and the case is returned to the MASH Team Manager they will then make an informed decision based on the information contained within the MASH Assessment. If partners raise concerns around the RAG rating or if the MASH Team Manager feels as a result of information gathered a meeting is needed, this will take place on a case-by-case basis.

### **10.1 Review of Risk Assessment (RAG Rating)**

Following the review of all relevant partner information on the case, the MASH Assessment RAG rating will be reviewed, in line with the [Right Help, Right Time](#) document. The RAG rating will then be confirmed or updated on the MASH Assessment form by the MASH Team Manager as required.

### **10.2 Deciding What Response the Case Requires**

Dependant on the outcome of the MASH Decision, the case will be progressed to the appropriate service or team; including, Referral to Other Agency, Diversion to Early Help, Referral to Social Care (Children & Families Assessment) or Referral to Social Care (Strategy Discussion/ Section 47 Enquiry).

## **11. Disclosing Information Out of the MASH**

On discussing and deciding what information should be disclosed to other partners (either onto MASH partner agency systems or to other agencies) the following principles must be applied:

- Section 47 – all information will be shared
- CIN – relevant information will be shared
- CAF – summary Information

The MASH Team Manager is responsible for determining what constitutes 'relevant and appropriate' information. The disclosure of information out of the MASH will be in accordance with the Information Sharing Protocol.

## **12. MASH Partner Disagreement during MASH Case Discussion**

Where any MASH partner does not agree with the conclusions of the MASH Assessment, these concerns should be addressed as per the MASH Escalation & Dispute Resolution Process.

## **13. Business Continuity**

In the unlikely event that the MASH office cannot be physically accessed, members of the MASH will operate from their own agency's premises and, providing IT systems are still available, will continue to operate as a 'virtual team' using the secure links to LCS.

The Social Care staff in the MASH will be relocated to Neighbourhood Offices where they will have access to IT facilities, Wi-Fi and Business Support.

## **14. Domestic Violence**

The Police are usually the first point of contact with families in which domestic violence has taken place. Members of the Public can raise concerns regarding issues of Domestic Violence by contacting the Children's MASH while Professionals can raise concerns via a telephone call followed by a formal referral using the [Multi Agency Referral Form](#). The notification will be recorded on the LCS system by Business Services staff and work-flowed to the MASH Team Manager to decide on the most appropriate service to respond.

The Police receive a daily list of the DV notifications that have been reported over the previous 24 hours. The Police inform Social Care when they have responded to an incident of domestic violence where a child is present, normally resident within the household or where the individuals involved have contact with non-resident children. The DASH should be completed by the attending Officer where applicable in line with ACPO guidelines.

### **14.1 Existing Cases**

If the case is already open to Social Care, the DV administrator based within the Children's MASH will create a contact containing the initial DV information and then pass to the allocated Social Worker to contact the Police to gain further information and decided what actions they will need to take.

Where a child is currently open to Early Help: if the incident is deemed to be lower level, then the matter can be passed to the CAF worker to follow up. However if the incident raises concerns either a triage worker or MASH Team Manager will review the incident and gather additional information, and make a decision on what service is the most appropriate to respond (i.e. remain in the CAF, stepped up or be subject to a MASH).

### **14.2 New Referral**

If the incident relates to a child not known to Social Care, the contact will be work-flowed through LCS accordingly.

### **14.3 Domestic abuse referrals (formally known as DV Screening)**

The level of risk will be assessed using the Barnardo's Screening Tool DV RIM. This system is designed to identify risks to children/ young people from domestic abuse. It is a multi-agency risk identification safeguarding tool which assesses the level of risk to a child/ young person who is experiencing domestic abuse in their family using four threshold levels.

All Domestic Abuse Referrals will be reviewed and responded to by the Children's MASH. This will be dependent on the incident and severity.

The worker will:

- Seek additional information from parents where safe, liaise with other agencies
- Review the risk levels
- Decide on what services and response is required (MASH assessment, , Diversion/ Referral to CAF/ Early Help, Referral to Other Agency or No Further Action)

Where a MASH is required, a RAG rating will be applied, full information will be gathered from all partner agencies. Each member of the team is responsible for sharing information and required actions back into their respective agency.

CWPT staff will send outcomes electronically for those cases which involve unborn children to [uhc-tr.childprotectionalerts@nhs.net](mailto:uhc-tr.childprotectionalerts@nhs.net).

## 14.5 Escalation of DV referral to immediate Strategy Discussion

If the DV referral identifies that the child has already suffered harm, or is in immediate risk of suffering harm, the notification results in a RED MASH rating, and the area team will be notified so an immediate Strategy Discussion can be organised.

Central Referral Unit (CRU) send the DV incident list (spreadsheet) to MASH Police.



Police will print the full DV incident list without any details of the incidents. This will be given to the social care DV admin workers by 8.30 am (Mon-Fri), who will then write on each case whether it is open to social care, less than 8 weeks and of the last contact.



Social care admin will return the list back to the MASH police by 9.15 am, for the police to decide which cases they will refer into social care. The police officer will remove cases which don't meet threshold for information sharing or overriding consent. The police officer will apply a rationale on cases which are being referred in where there is no consent.

The full list including the MO (incident) will then be e-mailed back to social care. Police will then send through full information on individual cases separately which are being referred to the Children's MASH in order of priority (high risk or nature of the incident).



Social care admin will start creating the contacts on:

- \* Open cases sent to allocated social worker
- \* Less than 8 weeks closed returned to the team
- \* All other cases sent to Children's MASH Triage. Awaiting full information from the DV police officer within MASH



Police will then send full information on all the cases being referred into the Children's MASH which include:

- \* Time of the incident and location
- \* Who was present, including whether children were seen/spoken to by the Police.
- \* Details of the incident
- \* Any relevant police history
- \* Key information from DASH assessment and the level of risk (i.e. high/medium/standard)



Contacts will be sent to the manager of the MASH to review and decide which service is appropriate to respond (Social Workers and Early Help Workers in the Children’s MASH Triage or sent to MASH for further information gathering).



**Children’s MASH Triage**

Will review the incident, speak to parents and other services, to establish what action is required:-

- Whether no further action will be taken
- Family referred to other services (i.e. CDVASS, Haven etc.)
- CAF support (level 2 or 3)
- MASH assessment required

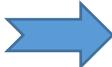
The worker will complete the DVRIM assessment and upload the form on to the child/ren record and include the DVRIM level within the contact.

**MASH**

Will review the incident, speak to parents and gather full information through the MASH process applying to decide the following:-

- CAF support to be offered
- C&F assessment required
- Strategy meeting required
- Support to be offered by universal services

The worker will complete the DVRIM assessment and upload the form on to the child/ren record and include the DVRIM level within the contact



All decisions will be reviewed and authorised by a manager within the MASH.



Social Care’s DV admin will collate the following information (edit the original spreadsheet), once the contact or MASH assessment has been authorised by a Manager within either service.

- Crime number
- All family details including address
- The outcome including the DVRIM level
- On the cases that are open or less than 8 weeks, the name of the social worker and office needs to be included.

The outcomes will then be sent by the Admin worker in **health** and **police** to up-date their records. **Health are then to send the information to the appropriate health agency, with specific information about the incident, and what they are being asked to do.** For all cases which are subject to a MASH assessment, the partner agencies (Health, Police and Education) within the MASH will continue to complete MASH notifications to relevant practitioners.