CHILDRENS SAFEGUARDING SERVICES

Multi Agency Safeguarding Hub
Operation Procedures

Version 7 – updated June 2020
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### Abbreviations/Terms:

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<tr>
<td>ASC</td>
<td>Adult social care</td>
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<td>BS</td>
<td>Business Support</td>
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<td>CRO</td>
<td>Customer Referral Officers</td>
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<td>CAFCASS</td>
<td>Children and Family Court Advisory Support Service</td>
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<td>VPRF1</td>
<td>Police Document (Vulnerable Persons Reporting Form)</td>
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<td>CIN</td>
<td>Children in Need</td>
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<td>CCO</td>
<td>Child Care Officer</td>
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<td>CYP</td>
<td>Children and Young Person</td>
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<td>Children’s Social Care</td>
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<td>Emergency Duty Team</td>
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<td>IM</td>
<td>Improvement Manager</td>
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<td>MARF</td>
<td>Multi - Agency Referral Form</td>
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<td>MASH</td>
<td>Multi - Agency Safeguarding Hub</td>
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<td>OLA</td>
<td>Other Local Authority</td>
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<td>OOB</td>
<td>Out of Borough</td>
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<td>CLAE</td>
<td>Out of Borough Children Looked After</td>
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The MASH Operational Procedures should be read in conjunction with Working Together to Safeguard Children 2018 and Knowsley’s Thrive document 2020 along with CSC Trix policies and procedures.

1. FUNCTIONS OF THE MASH

1.1 The Knowsley Multi-agency Safeguarding Hub (MASH) brings together agencies from services that have contact with children and adults at risk to make the best possible use of their combined knowledge to keep them safe from harm. It enables those agencies in the MASH to lawfully and securely share relevant and appropriate information with others so that a balanced risk assessment can be made and appropriate intervention agreed. The processes in this manual relate to contacts made to the MASH in relation to concerns regarding children. Adult Social Care, who are also based in the MASH, have their own processes for managing safeguarding notifications in relation to Adults at risk.

1.2 The MASH provides a ‘first point of contact’ for Children’s Social Care (CSC)(Level 4) and Families First 0 – 18 Service (Level 3) enabling members of the public and professionals to raise concerns about the welfare of Children. This may include Children identified as potentially being in need of support or at risk of suffering abuse.

1.3 The MASH operates between 9.00am to 5.00pm Monday to Friday. At all other times the Emergency Duty Team (EDT) acts as the ‘first point of contact’. EDT will only respond to Emergencies that cannot wait until the next working day. This is usually circumstances where there are immediate concerns regarding the welfare of children (see appendix 3)

1.4 These Procedures should be read with reference to the Knowsley Thrive document 2020 which sets out the levels of needs for Children and appropriate service Interventions. ¹

2. CONTACTS INTO MASH

A contact is either a:

- Notification or request for information.
- Safeguarding concern requiring MASH screening at either level of need 3 Family First or Children social care 4.

A contact is a request to MASH (Level 4 or level 3) for a service or advice that is accepted by MASH for allocation of assessment.²

A re-referral is a referral which occurs within 12 months of a previous referral and case closure. ICS will automatically identify if a case is a re-referral. A referral will be discussed with the MASH manager and relevant manager and a case note adding. If there is any particular area of learning identified this will be discussed at the weekly contact meeting. A rereferal within 3 month period will be discussed at the weekly contact meeting.

A request for advice from a member of public should be recorded in ICS-EHM as a contact. For a professional this is recorded either as a case note or contact on ICS or EHM. Advice should only be given by the duty Manager or a Social Worker-case worker.

If a contact is about safeguarding concerns, a verbal contact can be accepted and inputted onto ICS. The agency must then follow up the referral in writing within 48 hours, as stipulated in Working Together to Safeguard Children 2018

It is the responsibility of the CRO to record all initial contacts received by MASH electronically (through an email or MARF).

Agencies requesting a service from the MASH will use the MARF referral form. The agency requesting the service will clearly show on the form whether or not the issue being raised is in relation to safeguarding (Level of need 4) or a request for Level of need 3 service (Multiple and Complex Needs). However police with use a VPRF1 and NWAS use the ERISS system to make contacts to CSC and Family First.

All VPRF 1 contacts that score gold are screened by Level 4 and silver’s where children are involved are reviewed by duty MASH manager. Bronze referrals are sent via the BRAG process. This is in line with the Domestic Abuse pathway.

Any contacts that are received into MASH via an anonymous referrer will always be created in MASH and those agencies with no assessed level of need e.g. NWAS or potentially the police these will have oversight by the MASH duty manager.

It is the responsibility of the MASH social workers to consider (with management oversight) if there should be one of the following outcomes:

² Children Act 1989
• Child protection strategy meeting to decide whether a Section 47 enquiry is required
• A recommendation to the Duty Child Protection Team to undertake a Children and Families assessment.
• Referral to universal services, Early Help or Family First services in line with the Knowsley’s Thrive document 2020
• Receive and record notifications or request for information from another Local Authorities or agencies (CAFCASS, Probation, Police or Education) on behalf of CSC.
• All contacts received at level of need 4 will have a MASH assessment completed.
• When there are concerns that a child may have been sexually abused, the views of specialist child protection medical practitioners should be considered when deciding whether a child protection medical is required. This is in line with the Multi Agency Sexual Abuse Pathway (MASA pathway)
• If the MASH assessment identifies there is risk and impact as result of Neglect a referral to CSC will be made without the Graded Care Profile (Neglect Assessment Tool ). If however there are indicators of Neglect are identified but do not evidence risk or harm the relevant service will be requested to complete as per the Neglect pathway.

2.11 It is the responsibility of the MASH Family First 0-18 Service Duty Worker to consider, with management oversight, if there should be one of the following outcomes:

• Arrange for the provision of a level 3 Service via a TAF – Family First 0-18 Service
• Refer to Early Help for the provision of a Level of need 2 Service
• Determine whether the child’s needs can be met via Universal Services – level of need 1.
• Escalate the concerns to Children’s Social Care if the screening indicates that the child may be at risk of harm or have acute needs and requires a level of need 4 Safeguarding service.

2.12 In relation to the above outcomes and throughout the document you will be referred to the above pathways for each of the above processes in appendices 3, 4, 5 and 6.

2.13 The social worker in the MASH will provide written feedback to the referrer on notifications received on a MARF and recorded on the contact unless part of the MASH partnership e.g. VPRF1. This includes advising the referrer of the details of the TM and team if the referral is progressed for a Children and Families assessment. Level of need 4 contacts will be required to be screened within 24 hours. Contacts received at Level of need 3 are required to be screened within 48 hours and triaged for outcome within 10 days.

2.14 MARFs are received in the MASH secure e-mail Account (knowsley.mash@knowsley.gov.uk). All CRO staff should have access to this e-mail account. The Inbox should be monitored throughout the day by Duty Social Worker, duty manager and CRO’s. An automatic reply for this inbox advises the referrer that the email account is not monitored out of these hours Monday – Friday
9-5 pm. Any police protection orders should be processed in the usual way and all should be reviewed at the weekly contact meeting.

2.15 Police notifications are received into the MASH secure email account: 
(knowsley.mash@knowsley.gov.uk).

2.16 Police screen their notifications in the VPRU (Vulnerable Persons Referral Unit) against ICS/EHM before being sent to the MASH secure email account. If the case is open the notification should be forwarded to the relevant professional/Team Manager. The latter as a means of ensuring that information is responded to within the team if the worker is on leave. Refer to general advice for open cases.

2.17 The CRO should create a new contact on the family or child to record a summary of the incident or concerns on EHM or ICS depending on the level of need at the point of contact. The MARF or VPRF1 should be attached to the contact record and under the ‘documents’ section, and the contact should then be located to the relevant duty tray. The Duty Manager is responsible for oversight of the contacts.

2.18 On occasions there may be insufficient information on a police notification to enable a contact to be loaded, for example if a CRO identifies a child resides in another local authority or if incorrect information is provided, no address provided, or name not known. The CRO should return to the Referrer with an explanation of why it has not been possible to input and progress the case.

2.19 The CRO will load the contact form with the information obtained and if a MARF is provided this will be attached to the contact record.

2.20 Any Notifications received that do not have an identified level of need will be reviewed by the CSC manager or Advanced practitioner and if not deemed to require a Level of 4 MASH assessment will be transferred to the relevant service and a case note added in ICS. The referrer will be informed when possible.

3 DEALING WITH OTHER NOTIFICATIONS AND REQUESTS FOR INFORMATION

3.1 CROs are responsible for prioritising and inputting notifications from other Local Authorities for Children who they have case responsibility for, that are subject to plans or Children Looked After and are residing in Knowsley.

3.2 The social workers will be responsible for processing notifications and requests for information from CAFCASS, Probation, the Prison Service, Hospitals, Education and the Courts. Any correspondence relating to open cases should be directed straight to the allocated worker for completion.

3.3 MASH episode (Information Request) EHM electronic system
1. When a referral requires only a single agency check the request for information process will not be required and a face to face discussion with the appropriate service is appropriate.
2. When multi agency information is required the electronic MASH episode information sharing system in EHM is required. The worker should select the
appropriate RAG rating and undelegate any agencies where information is not required.

3. The information shared needs to be analysed by the requester/social worker and it will be their responsibility to clarify the information.

E.G If Police provide information regarding a person’s conviction or Health provide information regarding a medical diagnosis that you are unfamiliar with.

4. All information provided by partners needs to be clear, appropriate to the concern and provide an analysis of risk.

3.4 Data Protection Responsibilities

You have personal responsibility for the way you handle personal information as part of your day to day work. As an employee of your organisation, you are required to keep all information you use secure and confidential.

The general rule when using information is, treat the information with the respect that you expect your own personal information to be treated. All staff must ensure that their use of personal information is appropriate and respectful.

Handling and using personal data in line with the law is not complicated. The following tips are easy to follow, easy to implement and could make all the difference to your daily work in helping to avoid data breaches.

- Always lock your screen when you leave your desk. This avoids leaving your systems open to access and also stops those nearby reading any personal data you may have left onscreen.
- Clear documents away at the end of the day or when leaving your desk. This stops people who are walking past your desk from reading things they shouldn’t.
- Always check for ID when holding doors open for people. It is everyone’s responsibility to ensure the security of work buildings and make sure only authorised staff have access to them.
- Double check when entering information into your specific systems. Inaccurate information is the biggest cause of data breaches for the Council. Taking the time to check addresses and phone numbers is a vital part of data handling.
- Double check addresses when sending emails. It is easy to mistype or click the wrong name on Outlook. Once the email has gone, it can’t be retrieved. Take the time to get the recipient right before you press send.
- When taking information out of the office, think about the most appropriate way to do so. Council tablets and laptops are encrypted and difficult to access if they are lost. Paper documents are not as secure as they can be read by anyone who finds them. If you don’t need to print something, don’t.
- If you are regularly sending personal information to organisations outside of your organisation, check that you have a secure account so you can send the information securely and view the guidance regarding your own organisations policies and procedures.
- Take care when working from home. Your family members don’t have a right to see the information you use for work.
- Don’t leave equipment or documents in your car overnight if you need to take them home. You wouldn’t leave your own laptop on the front seat of your car, so don’t leave your work on there either.
Using Organisational Systems:
- Just because you have access to a system, this does not mean you have the right to access all of the information on it. Access is on a “need to know” basis.
- “Curiosity” checks are not permitted. You must have a genuine, legitimate work purpose to access information.
- Never share passwords. If a colleague forgets their password, they need to have it reset. Do not let them access a system under your username.
- Any information you access on a system will be logged. Do not let colleagues use your computer to retrieve information and do not undertake requests on their behalf.

3.5 Referrals in relation to extremism and radicalisation. These referrals are screened by the MASH CSC Team. For any contact where there is a concern that extremism and radicalisation may be a concern the Safeguarding and Quality Assurance Service Manager must be informed. A Police Channel Team referral should also be completed for every contact received regarding the above. Form appendix 5

4. INTERFACE BETWEEN MASH AND FAMILY FIRST 0-18 Service

4.1 There is one single referral point for all contacts to MASH for Family First (Level 3) and CSC (Level 4) services. Agencies submitting contacts to MASH designate which service they require by indicating Family First or Safeguarding on the MARF.

4.2 Once a contact is received in Family First 0-18 Service (DUTY) they will make appropriate enquiries and identify the service that best meets the children and families’ needs. The Family First 0-18 Service (DUTY) may assess that the children and family’s needs can be met by Level 2 or universal services and communicate this back to the most appropriate person who can act as lead practitioner and ensure the referrer is aware of this.

4.3 If a contact is received by Family First 0-18 Service (DUTY) and there are safeguarding concerns this will be reviewed by the MASH CSC Duty Manager. A discussion should take place between the MASH CSC Duty Manager and the Family First 0-18 Service (DUTY) Team.

4.5 When following screening there is a recommendation by the MASH SW for Level 3 Services but it is considered that non-engagement would increase the risk. The Duty Social Worker/Manager will give a clear direction and contingency on the contact record.

5. CE contacts referrals and the interface with SHIELD

5.1 The MASH will manage the initial response to any contact made in respect of CSE and CCE which is identified in the MARF.
5.2 The MASH and family first duty will consult with the Shield Team when referrals have been received and concerns have been raised in relation to CSE and CCE.

5.3 The MASH and family first duty will also consult with the Shield Team if during the screening of a contact indicators of CSE or CCE are evident.

5.4 The Shield Team will be able to assist in the collection and analysis of information which leads to the decision making in the MASH.

5.5 Thing being considered will be :-
   • Working in accordance the Pan Merseyside Child Exploitation Policy 2020
   • The need for a CE Assessment and to progress to MACE Information held by partner agencies
   • Intelligence shared at MACE
   • Mapping information
   • CE risk indicators
   • Application and analysis of information in line with the Continuum of Need

5.6 If there is a requirement to take the contact to the MASH morning meeting for a multi-agency decision to be made in respect of statutory threshold, the SHIELD team should send a representative to assist with decision making process.

5.7 Where a contact has been received and the primary factor for the referral is CE and it is determined that the child may be at risk of significant harm then the strategy meeting will be chaired by the MASH team manager. If the contact involves multiple victims of CSE or if the child is an out of borough child with CSE concerns then the Shield Coordinator may chair the strategy meeting. The MASH Social Worker who has screened the contact will also attend the strategy meeting.

5.8 Where a contact has been received and the primary factor for the referral is CE and it is determined that the child may be at risk of significant harm then the strategy meeting will be chaired by the MASH team manager. If the contact involves multiple victims of CSE or if the child is an out of borough child with CSE concerns then the Shield Coordinator will chair the strategy meeting. The MASH Social Worker who has screened the contact will also attend the strategy meeting.

6. ROLE OF MASH STAFF

6.1 MASH COORDINATOR
The MASH coordinator will lead on the continued development of MASH providing a seamless response to all safeguarding concerns relating to Adults and Children. The MASH coordinator will manage a co-ordinated multi-agency response to safeguarding concerns maximising the available skills, experience and intelligence offered by all partners. The Coordinator has overall responsibility for holding to account each of the MASH partner agencies to achieve procedural and performance compliance and business continuity. The Coordinator acts as the conduit between the operational MASH Partnership and the Strategic MASH Partnership (Governance Board) reporting developmental, performance and resource issues as required.
6.2 **TEAM MANAGER**
The CSC Duty Manager is responsible on a daily basis for overseeing the decision making in relation to contacts and referrals to Children’s Social Care and allocations to the MASH social workers. This includes ensuring that all referrals where there is a recommendation for a S47 enquiry or Children and Families assessment are passed to the relevant Duty Child Protection Team within 24 hours. All screening to be completed within 24 hours at the determined Level of Need.

6.3 Social workers will undertake a MASH assessment and this is guided by Knowsley’s Thrive document 2020. The MASH Duty Manager is responsible for the finalising the contact and authorising the decision regarding threshold.

6.4 The CSC Duty Manager is responsible for resolving any disputes with other agencies and/or members of the public about the management of the Contact and Referral process.

6.5 If the CSC Duty Manager in MASH cannot resolve the dispute then the concerns will be escalated to MASH Coordinators and Head of Service thereafter if no resolution is reached.

6.6 **SOCIAL WORKER**

Social work tasks are assigned to an individual Social Workers tray by the Duty Manager with management oversight and initial direction of the screening which is required. As the Social Worker screens the contact, additional risks and vulnerabilities may be exposed and it is the Social Workers responsibility to use their professional autonomy to address those concerns until a decision can be made regarding the appropriate threshold.

6.7 The MASH assessment will include checks and liaison with key agencies/practitioners, members of the public, service users, along with checking the Electronic Social Care Records for previous CSC history of involvement. (MASH Episode)

6.8 The Duty Manager and the Social Workers are responsible for monitoring the MASH Duty Tray. All are responsible for identifying and responding to risk at the earliest opportunity and bringing this to the attention of the Duty Manager.

6.9 The MASH social workers roles also can consist of providing advice to other practitioners and members of the public where there are safeguarding concerns. Any advice given must be recorded on a contact or ICS records dependent on the nature of the advice provided.

6.10 **THE ROLE OF THE CONTACT REFERRAL OFFICERS**
The Contact Referral Officers (CRO) is responsible for receiving all enquiries whether they are by telephone, e-mail, post or by the use of the Multi Agency Referral Form (MARF). The role of the CRO is not a decision making role.

6.11 If there is already an open CSC case or Early Help episode/screening then an email and call should go directly to the appropriate worker and Team Manager.
6.12 The CRO is responsible for inputting all contacts by creating a new contact record for each child, including sibling groups. On those cases open to CSC the information is sent via email to the allocated SW, Team Manager and inputted into documents on the ICS system. This provides two opportunities for the allocated worker/Team Manager to access the information.

6.13 The CRO must follow the guidance on taking quality contacts (see appendix 1). The structure of the contact should follow the ‘Guidelines for Recording a Contact’.

6.14 Where the contact is being made by a practitioner the CRO must establish if Early Help Assessment (EHA) and Graded Care Profile has been considered and if so what the current status of the EHA activity is. If an EHA is in place then this information must be recorded on the contact record and a copy of the EHA should be requested and attached to EHM. This should also include identification of the Lead Professional Practitioner.

6.15 Any new enquiries that raise immediate child protection concerns for a child, where there is a likelihood of being a Section 47 enquiry, should immediately be brought to the attention of the CSC MASH Manager, and/or a Duty Social Worker to ensure a timely response is provided.

6.16 CRO’s should identify which contacts relate to a child who is an ‘open case’ to Children’s Social Care. If the contact suggests that the child is likely to be at risk of significant harm the Social Worker should be contacted without delay. ‘Open Cases’ do not trigger the MASH information gathering and decision making process. It is the responsibility of the child’s Social Worker to gather information from other agencies as part of an assessment or Section 47 enquires.

6.17 THE ROLE OF THE BUSINESS SUPPORT OFFICER
The Business Support Officer (BSO) is responsible for the management and the allocation of workload to the Business Support Team.

6.18 The BSO is responsible for ensuring that all meeting requests are allocated appropriately. This includes ensuring that the correct procedures is followed at all times and any issues escalated to the relevant MASH Team Manager and the MASH Co-Ordinator.

6.19 The BSO will support high level management and performance meetings.

6.20 The BSO will work closely with the MASH Co-Ordinator providing support as and when required.

6.21 THE ROLE OF THE BUSINESS SUPPORT ASSISTANT
The Business Support Assistants (BSA) will provide support as a note taker at Strategy and Closure Meetings (ASC). They are responsible for requesting and gathering information from other agencies to be shared at Strategy and other MASH meetings e.g. DMM.
6.22 The BSA is responsible for the distribution notes and any actions to all attendees of the meeting and ensuring that a record of meeting is uploaded onto systems within the agreed timescale.

6.23 The BSA is responsible for ensuring letters are produced and sent out on request.

6.24 The BSA assist as a note taker for step up meetings for CSC

7. **DAILY ROUTINE**

The MASH acts as the ‘first point of contact’ for new enquiries to CSC and Family First 0-18 Service. The following sets out how the MASH will function on a day to day basis.

7.1 Daily, the Duty Managers and Advanced social worker, reviews contacts and assigns/ processes cases accordingly. The Duty Manager will also review any outstanding tasks from the previous day. The Duty Manager and Social Workers will discuss and agree who will undertake the daily tasks in addition to the duty rota.

7.2 **MASH Meeting (DMM)**

Due to Covid 19 the MASH meeting will be held on a Tuesday and Thursday MASH partnership meeting (DMM). The meeting will be chaired (depending on availability) by the MASH Co-Ordinator, MASH CSC Duty Manager and MASH Police sergeant on a rota basis.

Representatives from the following agencies are expected to attend the meeting every day:

- Adult Social Care
- Family First 0-18 Service
- Children’s Social Care
- LIVV housing
- Police Safeguarding Team
- Education Service
- Safeguarding Children Specialist Nurse
- Safer Communities Team
- SHIELD if concerns are of CE
- Probation, CRC and YOS (YOS will only attend if cases are known to the virtual agency and they have significant information to share)

7.3 **The purpose of the MASH meeting**
The purpose of the MASH meeting is to facilitate multi-agency information gathering and decision-making around those cases where the child in question has the potential to be at risk of significant harm. This supports the central principle of the MASH multi-agency safeguarding process in Knowsley. The process applies to cases that are not currently open to Children’s Social Care. The process brings the benefit of multi-agency information gathering to all cases where the risk to the child (after the presenting features of the case and single-agency checks have been considered) has the potential to exceed level 3 on the Continuum of Need. Where necessary, the process also brings the benefit of multi-agency discussion and decision-making to determining the Level of Need of intervention for a child where accurately establishing risk or need might be complex, difficult or unclear. The meeting in effect establishes a multi-agency decision making ‘panel’ that manages those cases which carry the most potential for risk. This section of the Manual should be read in conjunction with Appendix 4.

7.4 DMM Selection of cases for all agencies
Prior to the start of the meeting all agencies located within the MASH should review any contacts made with their agency in the last 24 hours (or on Mondays over the course of the weekend) that they believe have the potential to place a child at risk of harm. And when further clarity is needed to determine if the threshold is 3 or 4. Agencies are responsible in ensuring that the information provided is accurate, has the correct demographics, chronology and reason for presenting at DMM.

Other contacts to be considered at the meeting are as follows;
- **Anonymous** - Anonymous referrals should be considered for the meeting if no immediate Safeguarding concerns are identified. This is due to the fact MASH is not able to contact the referrer for clarification or further information.
- **North West Ambulance Service** - contacts that do not identify any immediate safeguarding concerns should be heard at the meeting
- **Neglect** – Consideration for cases of Neglect where there have been a numerous contacts.

7.5 Section 47 cases and the MASH meeting
When Social Care review a contact and the presenting features of a case suggest that the child is reasonably suspected to be at risk of significant harm the benefit of information gathering and decision making will be brought about by convening a strategy meeting under Working Together 2018.

The MASH duty manager will ensure all agencies who are involved with the child are represented at the Strategy Meeting and the MASH meeting can be used to identify those involved with the child or family if desired. The MASH meeting, however, should not be used to accommodate a Strategy Meeting.

7.6 The MASH EPISODE (Information sharing) to be provided by agencies to the MASH meeting
Practitioners from agencies raising the concern are expected (where possible) to provide the following information around a case at the initial screening meeting:
- The details of the child (or children) involved – demographics will be agreed by all agencies
- Details of the child’s parents/carer
- The circumstances that have led to concerns being raised
• Chronology of services involvement is to be SMART and clear will assist in the in the MASH assessment decision making.

7.7 Circulation of Information prior to the meeting.
The information above should be processed and assigned to the Business Support Tray in EHM ASAP after coming on duty so they can start their research and aim to have it completed prior to the meeting’s start. Agencies conducting research on the family must try to complete their research prior to the meeting and circulate it using the EHM electronic system. The BSA will prepare the meeting in Ehmann requests for a family to be heard at DMM needs to be actioned by 4.p.m the day prior to the meeting and all information to be provided in 1 hour prior to the meeting.

7.8 Meeting Agenda

The MASH meeting will work to the following Agenda:
- Recording of attendance
- Review of actions not completed from the previous day
- Presentation of new cases & any actions arising. If there is sufficient information available at this point to make a decision about how the case will be finalised discussion should take place and agreement reached by the group.
- Identification of any good practice or learning points from cases dealt with.

7.9 Managing and prioritising actions
DMM is an information sharing and decision making meeting that will be used to determine the level of need and set actions to be completed by partner agencies within agreed timescales. RAG rating may be used to determine timescales please see below, however if it is not appropriate to apply a RAG rating the chair can document that this is not applicable.

**RED** - shows an immediate risk of significant harm and actions should be taken to avert the risk ASAP. Information should be gathered by all agencies and a decision reached within 2 hours.

**AMBER** - is relating to potential for significant harm but the risk is not immediate. Information should be gathered by all agencies and a decision reached within 4 hours.

**GREEN** - is when there is no risk of immediate significant harm but more information is needed in order to decide the threshold. Agencies should gather this information within 24 hours.

7.10 Monitoring completion of actions and information returns
The timeliness of any information returns to Children’s Social Care or the FF Team and the completion of any actions raised should be monitored by the meeting Chair. If timeliness of completion becomes an issue the Team Manager can escalate this to the MASH Co-ordinator. If written contacts (via a MARF or Police VPRF1 notification) have not already been sent to Children’s Social Care prior to the meeting they should be completed and forwarded without delay.

7.11 Recording and circulation of minutes
Case details and any actions recorded against them will be created and maintained by the MASH BSA as part of the meeting minutes, this will be undertaken live. It is the responsibility of the Chair of each meeting to check the accuracy of meeting notes, ensure that actions have been carried out and ensure that the multi-agency
decision made in respect of each case (where relevant) is properly recorded. Where a decision has been made to provide a service for a child the panel’s decision making should be clearly documented in the minutes. Once the chair has approved the minutes the BSA should complete the minutes. The BSA will also add the minutes to the corresponding ICS/EHM record.

**Level of Need in Relation to Adult only referrals:**

- **Level of Need 4:**
  Adult Safeguarding Criteria is met and Safeguarding Concern (MARF) to be actioned.

- **Level of Need 3:**
  The Adult has complex needs and multiple services are offering support and/or interventions. E.g. Contact the person to identify support – Open case to Locality or Mental Health services and information is required for action (To be sent by ASC representative in MASH).

- **Level of Need 2:**
  The Adult requires low level support. E.g. Safer communities –CGL referral

- **Level of Need 1:**
  Universal services

8 **STRATEGY MEETINGS**

If the contact indicates that the threshold for Section 47 is met, the CSC Team Manager or ATM will progress to a referral with their rationale clearly recorded, and recommend Initial Strategy meeting is required. The Duty Team Manager of the relevant CSC team will be informed by telephone.

8.1 The MASH SW will send a request for the strategy meeting to MASH Business Support. The request will included details of the family and the reason for the strategy.

8.2 Business Support will ensure this is circulated to partner agencies in the MASH who will invite the relevant professionals to the meeting. They will also request information regarding the family and for this to be returned (by secure email) to the duty social worker within a three hour time scale. The BSA will book the room for the strategy meeting.

8.3 It is the responsibility of the CSC/MASH duty Manager to chair strategy meetings. Where there is reasonable cause to believe that a child has been sexually abused strategy meeting should commission a joint Police/CSC action plan to consider the feasibility of conducting an ABE interview.

8.4 The Safeguarding Children Specialist Nurse will ensure that appropriate representation from health will be invited to attend all MASH strategies.
8.5 The MASH SW and CP duty team SW will attend the strategy meeting to provide any relevant information which has been gained during the screening process, including a chronology of the child’s history where this is relevant.

8.6 The strategy meeting will be minuted by the BSA based in the MASH. The BSA will also be responsible for ensuring that the minutes are circulated to all those professionals who were in attendance and place a case note in the system to state when this task was completed. The minutes are documented ‘live-time’ within the meeting, finalised and sent to professionals attending the meeting via secure email. The chair needs to approve minutes in live time in agreement with all attendees.

8.7 Where the MASH CSC team have offered a consultation they are not required to notify parents/carers of the contact or confirm the advice in writing to the professional. It is the responsibility of the professional to notify the parents that they have sought advice from CSC. The CSC Team Manager must finalise all referrals to confirm their agreement with the recommended outcome. If they do not agree, this should be recorded and the outcome amended with clear rational.

9 OTHER NOTIFICATIONS

9.1 Probation information request:
Upon receipt of the notification the written request checks completed on EHM/ICS. If there is current social work involvement the relevant social worker should be informed. If there has been previous involvement, a contact should be completed and the MASH social worker should complete and send a letter summarising any Child protection issues or information held. If the person is not known the social worker should send an email confirming this. If the MASH SW has identified safeguarding concerns the probation officer is contacted and is requested to complete a MARF. To prevent delay an ICS contact is created and the MARF follows within 24 hrs.

9.2 CAFCASS Notifications:
These will be sent when a CAFCASS worker is preparing a report for court regarding the welfare of a Child, requesting information as to whether the parents and Children are known to CSC. A contact should be created on the Child whether they are known to CSC or not and the completed notification should be attached to the contact record. Information required for CAFCASS is prepared by Business Support and authorised by MASH duty manager.

9.3 Court Notifications:
These notifications will be sent by the Courts informing CSC of an alleged offender’s appearance in court. This will either be to provide information of a forthcoming court date or sentencing information. The notifications are received specifically where it has been judged as being a requirement for information to be shared with CSC due to potential risks to vulnerable adults and/or children. A contact should be completed with the information provided and the MASH duty Manager should process as any other contact.

9.4 Letter of Knowsley CSC involvement:
Where requests are made for an letter of Knowsley CSC involvement for the family courts a contact is created and letter
produced by the MASH SW and sent to Knowsley legal department and loaded on to ICS. In regards to court orders requesting a section 7 report or section 37 report these requests are inputted as a contact on ICS and progressed by MASH duty manager to create a court report episode on ICS and then transferred to the CP Duty Manager to allocate.

9.5 **Notification of Release of a prisoners:**
These notifications in respect of an offender who has committed harm to a Child and is therefore considered to be a ‘Potential Risk to a Child’. For adults who are due to be released from prison, the MASH CSC Team need to establish what their offence is, where they will be residing and identify if Children are living in the household and detail the risk assessment completed and the reason for this decision. A MASH contact is then created to determine the safety planning for the child(ren)

9.6 **In-patients:**
These notifications are received from a hospital when a Child has been an inpatient for three or more months. This is a requirement of the Health Provider Organisation under the Children Act 1989.

On receipt of the notification the CRO should create a contact. The MASH duty manager should direct a Social Worker to contact the lead health practitioner for the Child’s care to ascertain whether the family are in need of support from CSC or whether there are any identified concerns that would meet the threshold for a referral to CSC and whether an EHA has been considered. In either of those circumstances, the practitioner should be asked to complete a MARF.

9.7 **Access to Records:**
Anybody requesting access to their Children’s service’s record should be asked to complete the application form found on Knowsley website. On receipt of the completed Access to Record form this is sent to Business support to arrange the files to be viewed. An ICS contact is created and closed down with NFA for MASH.

9.8 **National Missing Children from Other Local Authorities:**
Missing Children from Other Local Authority notifications will be sent from the responsible authority. On receipt of the notification the CRO’s will check ICS if known and forwarded to health education and uploaded on forms

9.9 **Missing Children in Knowsley:**
On receipt of a notification that a child resident in Knowsley has gone missing a contact is created by CSC BSA and sent to MASH Duty tray and assigned to SHIELD work tray to complete mash assessment and determine the appropriate outcome and returned to MASH managers tray for authorisation. Once a child is returned home a request for a return interview is made to assess whether there are any safeguarding issues or the child is in need of other support and again this follows the above procedure to ensure that nothing in missed in respect of the missing episode and context to this.

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9.10 Perplexing health presentation/Fabricated or induced illness (FII)
The government guidance and pathway to be followed. The Local agreement for
Knowsley health and social care is that when this level of need is identified by a
referrer consideration for a strategy meeting and ensure that a consultant from
Alder Hey Rainbow suite is in attendance and clear actions to be determined and
the minutes to be sent to Dr Tebay (Lead consult for perplexing health
presentation) and the named safeguarding nurse.

10 DISPUTE RESOLUTION PROCEDURES

10.1 When MASH has made a recommendation for a Children and Family assessment
and the CP Duty Team Manager disagrees with this decision, it is the
responsibility of the two managers to try and resolve this. Should the outcome be
to NOT continue with the assessment then this should be clearly recorded on the
referral record with a rationale for the decision. This can also be presented to the
weekly contact meeting where appropriate.

10.2 If agreement cannot be reached between the Duty Team Manager and MASH
CSC Team Manager regarding a recommendation for assessment, the CP duty
manager is responsible for escalating this to the Service Manager who will provide
oversight. This will need to be clearly recorded setting out the rational for the
decision. The referrer and parents/carers are made aware of the outcome in
writing.

10.3 Any MASH partner agencies dispute should be directed to the appropriate MASH
duty manager and recorded on the record and if not resolved then referred to the
MASH co-ordinator

Please note: under no circumstances should referrals be deleted from the
system or ‘rolled back’ to a contact record. The referral should be closed with
a recommendation by the Area Team Manager; i.e. NFA or signposting.
## Appendix 1  Guidance on Taking a Quality Contact

1) Record the Childs basic details, name, age, address, ethnicity, name of referrer and Contact telephone number for referrer where possible on the Contact.

2) CRO are to record that they have carried out address checks with referrer and partners on the contact.

3) Establish if the Child has ever been subject to an EHA and request details of the current/historic EHA assessments, plans and any subsequent review meetings.

4) If the Child’s details are not held on ICS obtain as much information as possible during your conversation. This is especially important should the referrer terminate the call or where the referrer wishes to remain anonymous. If the referrer does wish to remain anonymous this detail is required in a comments box, which CRO advises how to record the detail, which CRO cannot be accessed by the client.

5) Ask open, closed and probing questions but refrain from interpreting what the referrer is saying. Do not offer an opinion or pass any judgment.

6) Record the reason for the Contact in the Presenting Problem (a brief description) and in Further Details (full description) in a way that others can follow with ease.

7) Take extra care with interchangeable names e.g. Mohammed Ali or Craig Owen. Record any aliases (AKA's).

8) Check the current address with the referrer and add any previous addresses from ICS.

9) Record all dates of birth. If not known use approximate ages or state DOB U/K.

10) Ensure identity and demographics are fully completed.

11) Refer to the people in the Referral in a consistent manner. Use their names and state the relationship i.e. Sarah Smith, Mother.

12) Record the spoken language and means of communication (of those referred).

13) At all times do not leave blanks sections on a Contact. Where the information is not known or can’t be obtained from the referrer, add the abbreviation unknown (U/K)

14) If information has been obtained from a third party e.g. Childs’ Health professional, clearly state this on the Contact

15) If the Contact is urgent, inform the MASH Manager/ATM immediately or if not available the relevant area team manager.

16) If in doubt consult a duty Social Worker for advice. If referral from another authority direct referrer to that authority and follow up with email to that authority to inform of referral and case note actions taken.
The Emergency Duty Team operates to respond to emergency situations out of office hours, from 5pm until 9am, and at weekends and bank holidays. It responds to critical situations that are unable to wait until the next working day, these will relate to children’s safeguarding (Section 47), potential placement, or family breakdowns, acting as an Appropriate Adult for young offenders and any other Children’s Services related emergency work.

**Handover to EDT from MASH**

It is the expectation that work coming in during day time hours will be managed by the case holding social worker, a duty social worker, or MASH. Occasionally there may be circumstances which require work to be passed on to EDT; in these circumstances an agreed authorisation from a Head of Service is required. If requesting EDT assistance the MASH ATM or Team Manager will discuss with the group manager and seek approval for the visit. Detailed information regarding the reason for the referral, actions required, any risks associated with the request and any contingency plans should be added as a case-note on the child’s record selecting the option – ‘EDT Head of Service agreement for Visit’
The case-note should be alerted to the Head of Service and EDT social worker
The EDT Co-ordinator will commence EDT case recording by adding an EDT case note stating that approval has been granted and the action that they have taken following this. The childcare social worker will record their involvement on an EDT Attendance case note, providing detailed recording of their visit/assessment and clearly recording the voice of the child and any associated risks.

**Handover from EDT to MASH**

When a Contact is made relating to a closed or new case, the co-ordinator will ensure that the EDT MASH Contact Form is completed in detail and emailed to MASH and the EDT Manager before 9am.

For matters requiring the urgent of attention of MASH, the EDT co-ordinator will telephone MASH at the beginning of the next working day.

Where the co-ordinator has concluded that a Section 47 child protection investigation is required then a Strategy Discussion must take place and be recorded on the EDT Strategy Discussion Template. This document must include the recording of discussions with Police, any other agencies and clearly record the decision making. It should be attached to Documents in ICS and emailed to the relevant Manager (MASH for non-open cases and the relevant Team Manager for cases that are open).

When a Manager has been consulted regarding a situation, a Managers Decision case note should be recorded by the Manager.

All Case notes must be completed and update on open cases before 9am, Monday to Friday (with an alert to allocated social worker and Team Manager) maintained ensuring that the child’s voice and journey is evidenced as required, so that decision making is evidenced and managers oversight also recorded properly and in full.
Appendix 3

STAFF BASED IN MASH

The agencies shown below work together to help identify need, vulnerability, risk and harm in respect of all contacts to the MASH which raise concerns in respect of a child. Once the level of need or risk is identified the teams decide the initial multi-agency actions required to protect and support the child.

Police Safeguarding (MASH Vulnerable Persons Unit)
Function:
Manages all MASH information requests, research and attendance for DMM, strategy and LADO meetings. The team is managed on site by a sergeant, and remotely by the Force MASH inspector.

The centralised Vulnerable Referral Persons Unit at Huyton Police Station process all safeguarding referral notifications to other agencies e.g. CSC, ASC, Health, Housing, Education, and also risk assess domestic abuse incidents.

Children’s Social Care (CSC) –
Function:
Provides ‘front door’ service for CSC. Determines thresholds. Facilitates information gathering/initial strategy meeting in respect of Section 47 cases that are referred during office hours.

Family First 0-18 Service (Level 3)
Function:
For children and families with multiple complex needs requiring a multi-agency co-ordinated support

Adult Social Care –
Function:
Provides ‘Front door’ service for Adult Social Care. Facilitates information gathering/initial strategy meetings around all new contacts relevant to safeguarding ‘Adults at Risk’ as required. Provides information to assist children’s cases as required.

Health (North West Boroughs Healthcare NHS Foundation Trust) –
Function:
Provides health information from a range of health providers including Health Visiting, School Health, Local Hospitals, GP’s, Allied Health Professionals, Mental Health Services and CAMHS.

Housing (Knowsley Housing Trust) –
Function:
Provides housing and tenancy enforcement information for the Borough’s largest Housing provider.
**Education**

**Function:**
Provides information about a child’s educational background. Contributes and is part of the multi-agency decision making.

**Safer Communities**

**Function:**
Provides information regarding an adults involvement.

**Business Support**

**Function:**
Business Support provide efficient administrative support for Adult and Children Social Care Teams based in MASH. The team provides support for all statutory and none statutory meeting held between Multi Agency partners.

**Co located teams in MASH**

**SHIELD Child Exploitation Team**

**Function:**
Provides a pro-active investigation and support capability in respect of CE. Manages the MACE process.

**YOS**

**Function:**
The Youth Offending Service was established from the Crime and Disorders Act 1998 with a statutory duty to prevent offending and re-offending by children. Also, listening to victims and supporting children to make amends for their actions by the use of restorative practice.

**Probation**

**Function:**
The National Probation Service contribute to the multi-agency collaborative approach to safeguard children in the following ways: sharing information linked to risk of serious harm to children who are known to NPS or its service users, improving effective working relationships with MASH and NPS, contributing to multi-agency risk management plans to safeguard children and supporting MASH service delivery.
# Referral and Assessment Form

Person making referral / Organisation:

Contact number:

<table>
<thead>
<tr>
<th>Subject’s Surname</th>
<th>Forename(s)</th>
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<tr>
<td>D.O.B</td>
<td>Male/Female</td>
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<td>Place of birth</td>
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<tr>
<td>Ethnicity</td>
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<td>Address</td>
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<td>Tel No(s)</td>
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<td>Mobile</td>
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<td>School or Employment</td>
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**Reason for referral**

**Household composition**

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<tr>
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Updated August 2020