CHILDRENS SAFEGUARDING SERVICES

Multi Agency Safeguarding Hub
Operation Procedures

Version 5 – updated February 2017
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Abbreviations/Terms:

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<td>CA</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>
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<td>OLA</td>
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<td>Safeguarding and Quality Assurance Unit.</td>
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<td>SPL</td>
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The MASH Operating Procedures should be read in conjunction with Working Together to Safeguard Children (March 2015) and Knowsley’s Threshold of Need guidance 2016

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 true and 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’s Threshold of Need guidance 2016 which sets out the levels of needs for Children and appropriate service Interventions.¹

1.5 It is the responsibility of the CA to record all initial contacts received by MASH via a telephone or electronically (through an email or MARF).

1.6 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 or a request for Level 3 service (Multiple and Complex Needs).

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

- Child protection strategy meeting to decide whether a Section 47 enquiry is required
- A recommendation to the Duty Child Protection Team to undertake a single assessment.
- Referral to L1, L2 or L3 services in line with the Knowsley’s Threshold of Need guidance 2016

• Receive and record notifications or request for information from another Local Authorities or agencies (CAFCASS, Probation, Police or Education) on behalf of CSC.

1.8 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 Tier 3 Service via a TAF – Family First 0-18 Service
• Refer to Early Help for the provision of a Level 2 Service
• Determine whether the child’s needs can be met via Universal Services – level 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 Tier 4 service

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

1.10 There is no pre-requisite to complete an EHA before referring to Children’s Social Care. If an EHA has been completed at the point of contact/referral this should be sent with the MARF or sent separately if the contact is received through a telephone call.

1.11 The social worker in the MASH will provide verbal or written feedback to the referrer on the outcome of all enquiries through the MASH and record this on the Contact/Referral form. This includes advising the referrer of the details of the TM and area team if the referral is progressed for a Single Assessment

2. 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 police internal safeguarding referrals and arranges notifications to other agencies e.g. CSC, ASC, Health, Housing, Education. Risk assesses domestic violence incidents and services the MARAC process. Facilitates the police attendance at meeting structures around children and vulnerable adults. The team is managed by an inspector.

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 coordinated support

Adult Social Care / Social Inclusion –
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 (Five Boroughs Partnership 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) – 1 Tenancy Enforcement Officer.

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

Co located teams in MASH

SHIELD Child Exploitation Team -

Function:
Provides a pro-active investigation and support capability in respect of CE. Manages the MACSEprocess and enquiries into missing persons.

3. GUIDANCE FOR MASH WORKERS

3.1 The MASH acts as the ‘first point of contact’ for new enquiries to CSC and Family First 0-18 Service. This will include screening new contacts before deciding what level of intervention is required and if they meet the referral criteria for an assessment under Section 17 or 47 by one of the Duty Children’s Social Care teams or the Children with Disabilities team. Telephone, electronic or paper correspondence received by MASH relating to open cases will be redirected to the allocated worker. The following sets out how the MASH will function on a day to day basis.

4. ROLE OF THE TEAM MANAGER/SENIOR PRACTICE LEAD

4.1 The CSC Team Manager or in the absence of, the Senior Practitioner is responsible on a daily basis for overseeing the decision making in relation to contacts and referrals to Children’s Social Care. The Team Manager is responsible for ensuring all contacts and referrals are properly managed. This includes ensuring that all referrals where there is a recommendation for a Single Assessment are passed to the relevant Duty Child Protection Team within 24 hours. Any contacts that remain in MASH beyond 24 hours should be reviewed by
the Team Manager. The rational regarding why it is safe to defer the decision making beyond 24 hours should be recorded on the contact record

4.2 Social workers are responsible for making recommendations following screening of contacts. This is guided by the Knowsley Threshold of Need 2016. The MASH Team Manager/ SPL are responsible for the finalising the contact and authorising the decision regarding threshold

4.3 The CSC Team 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.

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

5. THE ROLE OF THE SOCIAL WORKER

5.1 MASH Social Workers are responsible for carrying out initial check’s and enquiries on contacts received in order to determine if it meets the criteria for a referral to CSC or if it is appropriate for support to be co-ordinated by way of Early Help services.

5.2 These checks include 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 with a family.

5.3 Social work tasks are assigned to an individual Social Workers tray by the Team Manager/SPL 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.

5.4 The Team Manager, Senior Practitioner Lead 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 Team Manager or SPL.

5.5 The Social Worker is responsible for providing advice to other practitioners and members of the public where there are safeguarding concerns. Any advice given must be recorded either on contact/referral form or case notes under the heading ‘ case discussion.

6. THE ROLE OF THE CALL ADVISOR

6.1 The Call Advisor (CA) 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).

6.2 If there is already an open CSC case or Early Help episode then the call should go directly to the appropriate worker.

6.3 The CA will redirect the call to either CSC or Early Help depending on the level of need and the enquiry if they are seeking a consultation and the advice will be recorded by
worker receiving the call. Where the level of need is unclear the call will be referred to a social worker.

6.4 The CA 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 and Team Manager and inputted into documents on the ICS system. This provides two opportunities for the allocated worker/Team Manager to access the information.

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

6.6 Where the contact is being made by a practitioner the CA must establish if Early Help Assessment (EHA) 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.

6.7 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 Team Manager and/or a Social Worker to ensure a timely response is provided.

6.8 CA’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.

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

7.1 There is one single referral point for all contacts to MASH for Level 3 and Level 4 services. Agencies submitting contacts to MASH designate which service they require by indicating Earl Help or Safeguarding on the MARF.

7.2 The Children’s Social Care Team and Family First 0-18 Service are located in the MASH and it is imperative that there is open communication between the two. This is to ensure that there is a clear decision making process for any cases involving children where it is unclear about whether they require Level 3 or 4 services.

7.3 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, young people 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 accordingly will make the appropriate referral.

7.4 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 Team Manager or SPL without delay.

7.5 A discussion should take place between the MASH CSC Team Manager and the Family First 0-18 Service (DUTY) Team. The MASH meeting (see 8.2) should be used to resolve any dispute between Family First 0-18 Service (DUTY) and Social Care.

7.6 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/SPL/Manager will give a clear direction and contingency on the contact record when making the final decision

8. **DAILY ROUTINE**

8.1 Each morning the CSC Team Manager/SPL reviews contacts by EDT and assigns/processes cases accordingly. The Team Manager/SPL will also review any outstanding tasks from the previous day. The Team Manager/SPL and Social Workers will discuss and agree who will undertake the daily tasks including phone cover. Social Workers will prioritise collating information for strategy meetings which will include inputting the information on to ICS. At busy times this task might need to be repeated throughout the day.

8.2 Every morning a MASH partnership meeting will be held. The meeting will be chaired (depending on availability) by the MASH Co-Ordinator or the MASH Police Inspector on a rota basis. If neither member of staff is available the meeting will be chaired by the CSC Team Manager or the MASH Police Sergeant.

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
- Knowsley Housing Trust
- Police Safeguarding Team
- Education Service
- Specialist Safeguarding Nurse

8.3 **The purpose of the MASH meeting**

In terms of managing Children’s Cases 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) is likely 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 thresholds 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.

8.4 **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 2015 (see Section 11 of the MASH Manual). The CSC Team 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.

8.5 **Family First 0-18 Service Children’s Social Care process – selecting cases for the morning meeting, decision making and escalation.**

Following the transfer of contacts by the Call Advisor into the Family First 0-18 Service and Social Care trays both teams should consider whether or not each contact received suggests that the child has the potential to be at risk of significant harm using the flowchart at Appendix 4 as a guide.

If the answer is ‘yes’ the meeting can be used to both gather information and in some cases obtain a multi-agency decision with regards to the deciding the appropriate threshold response. As per the flowchart at Appendix 4 multi-agency information gathering should take place in respect of all cases where there is the potential for significant harm.

If a contact that fits this criteria is received after the MASH meeting has taken place information gathering should take place outside the meeting by requesting that other agencies provide case information via the MASH secure email system. When a decision is made to send the contact through for assessment there is no need to bring the case back to the MASH meeting for discussion.

If, however, a decision is made to select a TIER 1/2/3 response the contact should be brought to the next meeting for the recommendation to be agreed (or not) by the multi-agency panel.

In the event of the panel being unable make a threshold decision the chair will consider the panel’s discussions and make an executive decision on the course of action to take. Area CSC Teams cannot challenge a decision made by the panel i.e. if the decision is to conduct a single-assessment, for example, the assessment must be conducted. If the panel decides to refer the child for a Tier 2 or 3 Service the agency receiving the referral should consider it binding. If that agency, however, feels they can present clear evidence that the child requires a level 4 service they should raise the issue with MASH Coordinator ASAP. Area CSC Teams that wish to challenge decisions made by the MASH CSC team outside the MASH meeting structure must do so via appeal to the CSC Improvement Manager (see Section 15 for details of the escalation policy) In the absence of the Service Improvement Manager then this should be made to the Head of Service Child in Need and Child Protection

**CSE contacts referrals and the interface with SHIELD.**

The MASH will manage the initial response to any contact made in respect of CSE.

MASH Social Workers will use the screening tool within the MASH process to ensure consistency of thresholds when screening potential CSE cases prior to consultation with Team Shield Coordinator.

The MASH will consult with the Shield Team when referrals have been received and concerns have been raised in relation to CSE.
The MASH will also consult with the Shield Team if during the screening of a contact indicators of CSE are evident.

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

That information may include:

- Working with the National Definition of CSE which has also been accepted by Merseyside Police
- The CSE 1
- Information held by partner agencies
- The Risk Indicators as identified in the National Guidance (Statutory guidance: Safeguarding children and young people from sexual exploitation)
- Application and analysis of information in line with the Continuum of Need

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 present the case.

Where a contact has been received and the primary factor for the referral is CSE and it is determined that the child may be at risk of significant harm then the strategy meeting will be chaired by the MASH Coordinator. The MASH Social Worker who has screened the contact will also attend the strategy meeting.

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. Additionally the Police Channel Team should also be consulted.

Consideration will then be given regarding whether a Channel referral is required.

8.6 Selecting cases for the MASH meeting – other agencies

Prior to the start of the meeting all agencies 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 significant harm. These cases should be brought to the MASH meeting even if a formal contact has yet to be made to Social Care.

This provision recognises the fact that some agencies, particularly the police, are positioned to bring cases to the MASH meeting very quickly after the event based on overnight or other reports. Formal contacts can often take longer to prepare. MASH agencies can then start to gather information on these cases giving Social Care or the Early Help Team a ‘head start’ in terms of managing the contact when it ‘arrives’ on the EHM. This expedited approach also has clear benefits in terms of protecting the child at the earliest opportunity.

8.7 Information to be provided by agencies bringing concerns 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
- Details of the child’s parents/carer
- The circumstances that have led to concerns being raised
• Background information (held on the single-agency system) around those involved that will assist in the assessment of threat, harm and risk.

8.8 **Circulation of Information prior to the meeting.**
The information above should be circulated to MASH partners ASAP after coming on duty so they can start their research and aim to have it completed prior to the meeting’s start. Circulations should be sent using the MASH secure group email addresses created for the purpose. The MASH BSA should also be sent the information so that they can start to create the meeting information pack and supply each attendee with details of each case and the information supplied by other agencies as a composite report in time for the meeting. Agencies conducting research on the cases circulated should try to complete their research prior to the meeting and circulate it using the MASH secure group email. The BSA will collate any returns into the report prepared for the meeting.

8.9 **Meeting Agenda**
The MASH meeting will work to the following Agenda:

• Recording of attendance
• Review of cases from the previous day’s meeting ensuring all actions are complete and the case result is recorded & agreed by all attendees present
• 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.

8.10 **Managing and prioritising actions**
At the meeting multi-agency actions should be established by the chair around each case. Requests for other agency information should be tasked out at this time if it has not already been completed prior to the meeting. Timescales for completion of actions will be dependent on the urgency of the case. Following discussion and based on an assessment of the immediacy of risk, actions established at the meeting should be RAG rated as below. The RAG rating should be recorded in the minutes of the meeting.

**RED:** Following discussion immediate risk of significant harm has been identified and the child is not subject to protective factors sufficient to avert the risk identified. Actions to avert risk should take place immediately and information required to make an accurate assessment of risk should be completed ASAP so that risk can be managed dynamically by the MASH multi-agency team. All Red cases should be reviewed by the CSC Team Manager after two hours in order to ensure that sufficient progress to avert risk has been made.

**AMBER:** Following discussion it is felt that the potential for significant harm to the child remains but the risk is not likely to be immediate due to protective factors that are already in place. Requests for information in order to further assess risk should be carried out by multi-agency staff as soon as is practicable. Information checks should be completed within four hours. The case should be reviewed by the MASH CSC Team Manager once all information is collated.

**GREEN:** Following discussion it is felt that the child is not at risk of immediate significant harm but more information is required in order to decide the threshold of need prior to deciding how the contact is finalised. Requests for information should be collated within 24 hours (in time for the following day’s meeting) or sooner as workloads allow. On Friday’s information should be returned before close of business so that management of the contact is not deferred until after the weekend.
***RAG ratings set at the daily meeting or at any time during the working day are subject to change dependent on new information and reinterpretation of risk. The Decision to change a RAG rating should be made by the chair of the meeting.

8.11 Monitoring completion of actions and information returns
The timeliness of any information returns to Children’s Social Care or the EH Team and the completion of any actions raised should be monitored by MASH based Team Managers. 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.

8.12 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. 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 that is less than Tier 4 the panel’s decision making should be closely documented in the minutes. Once the chair has approved the minutes the BSA should send the completed minutes out to the meeting attendees using the secure email. The BSA will also add the minutes to the corresponding ICS/EHM record.

Strategy Meetings

8.13 If the contact indicates that the threshold for Section 47 is met, the CSC Team Manager 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.

8.14 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

8.15 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.

8.16 It is the responsibility of the CSC/MASH Team Manager to chair strategy meetings

8.17 The Specialist Safeguarding Nurse will attend all MASH strategies

8.18 The MASH 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

8.19 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
Consultation

8.20 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. DEFINITIONS – CONTACT/REFERRAL/CONSULTATION

9.1 A contact is either a:
- Notification or request for information.
- Request for advice or a service that is deemed not to have met the criteria for a referral to the Area Team for the purposes of a Single Assessment.

9.2 A referral is a request to Children’s Social Care for a service or advice that is accepted by Children’s Social Care for allocation of assessment. All referrals have a corresponding contact.

9.3 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.

9.4 A request for advice or consultation from a member of public or professional should be recorded in General Notes on ICS. Advice and consultations should only be given by the CSC Team Manager or a Social Worker.

9.5 If a contact is about safeguarding concerns, a verbal referral 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 2013.

10. PROCESSING POLICE NOTIFICATIONS AND MARFs

10.1 BRONZE level DV are discussed in a daily meeting attended by MASH Partners

A joint agency decision is made in relation to the most appropriate and effective outcome for the family or adults involved in the incident
This can include, the Police sending the VPRF1 to
- CSC for screening at Level 3 or Level 4
- Sending to Early Help for screening at Level 2
- Safer Communities
- Referral to Adult Social Care
- Threshold 1 – Police Advice has been given

10.2 MARFs are received in the MASH secure e-mail Account (knowsley.mash@knowsley.gcsx.gov.uk). All CA staff should have access to this e-mail account. The Inbox should be monitored throughout the day.

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2 Children Act 1989
Police notifications are received into the MASH secure email account: 
(knowsley.mash@knowsley.gcsx.gov.uk). The inbox should be monitored throughout the day.

Police notifications sent to the MASH secure email account must be screened against information held on ICS/EH. 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.

If the case is closed or is new to CSC, then the CA should create a new contact to record a summary of the incident or concerns on EHM. The notification should be attached to the contact record and under the ‘documents’ section, and the contact should then be located to the ‘MASH Social Workers’ duty tray. The CSC Team Manager is responsible for oversight of the contacts.

On occasions there may be insufficient information on a police notification to enable a contact to be loaded, for example if a CA identifies a child resides in another local authority or if incorrect information is provided, no address provided, or name not known. The CA should return to the Referrer with an explanation of why it has not been possible to input and progress the case. If the Team Manager has assessed a Police notification as not meeting CSC threshold, the Police will be advised of the outcome in the same way as any other agency who submits a contact to CSC.

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

DEALING WITH OTHER NOTIFICATIONS AND REQUESTS FOR INFORMATION

CAAs are responsible for prioritising and inputting notifications from other Local Authorities for Children who they have case responsibility for, that are subject to Child Protection plans or Children Looked After and are residing in Knowsley. The CA will input this information on a contact in ICS and send to the MASH Social Worker tray.

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.

Probation Letters: 
Upon receipt of the notification the written request must be stamped and signed by the CA, checks completed on EHM/ICS. If there is current social work involvement the relevant social worker should be informed and the letter sent to them. 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 a letter confirming this.

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. If there has been previous involvement, a contact should be created on the Child and the completed notification should be attached to the contact record. Information required for CAFCASS is prepared by Business Support and authorised by the MASH Team Manager/SPL.
11.5 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 Team Manager should process as any other contact.

11.6 Where requests are made for Court for a social work reports section 7 or section 37 the nature of the request should be inputted as a contact on ICS and forwarded to the Duty Team Manager for action.

11.7 Notification of Arrival/Transfer and Release of Prisoners:
These notifications are received from prison facilities in respect of an offender who has committed harm to a Child and is therefore considered to be a ‘Potential Risk to a Child’, previously known as a Schedule One Offender. They should be notified on headed paper and clearly identify the offender as a Risk. There are 3 stages to the process: Arrival, Transfer and Release. Arrivals and Transfers are loaded onto ICS as information only. The contact should be forwarded to the MASH Social Worker tray with Statutory Check’s selected as the outcome. The CSC Team Manager should close the contact. 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. If so, a contact should be created on the Childs’ record and the Team Manager should process as any other contact.

11.8 Education Letters:
When a letter regarding an Education Health and Care Plan is sent to parents, a copy is sent to CSC for information. There are two types of correspondence

- those requiring a response due to a pending consideration of statementing,
- possible parental prosecution for non-attendance.

Upon receipt of the notification the written request must be stamped and signed by the CA and check’s completed on ICS
If the Child is not known then the letter is returned with the appropriate response. If the Child is known but closed, the letter is returned indicating this and a contact should be created on the Child which should be forwarded to the MASH social worker tray with Statutory Checks selected as the outcome. The CSC Team manager should close the contact. If the case is open the letter should be forwarded to the allocated social worker for them to reply.

11.9 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 CA should create a contact. The Team 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.
11.10  Access to Records:
Anybody requesting access to their Children’s service’s record in accordance with The Data Protection Act 1998 should be asked to complete the application form found on Knowsley website.

11.11  On receipt of the completed Access to Record form a case note is entered on ICS an e-mail with client details including ICS number is sent to the Local Authorities Customer Liaison officer.

11.12  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 CA should search Liquid Logic and create the Childs’ record if not already known within the Missing Module within ICS.

11.13  On receipt of a notification that an Other Local Authority Child has been found, the CA should search for the Child's record, and update the Missing Module on ICS

11.14  Missing Children in Knowsley:

On receipt of a notification that a child resident in Knowsley has gone missing a contact is created by CA and sent to the MASH Duty Tray. 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.

12.  DISPUTE RESOLUTION PROCEDURES

12.1  When MASH has made a recommendation for Single 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.

12.2  If agreement cannot be reached between the Duty Team Manager and MASH CSC Team Manager regarding a recommendation for assessment, the Social Care Team Manager is responsible for escalating this to the Service Improvement Manager or in (her) absence the Head of Service Child in Need and Child Protection, who will make the decision. 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.

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 Child's basic details, name, age, address, ethnicity, name of referrer and Contact telephone number for referrer where possible on the Contact.

2) Ascertain where the Child is and establish the current situation in relation to the Child. E.g. where the Child is, who he/she is with etc.

3) Ascertain if the case is open to a named Social Worker. If so, transfer the call to the appropriate Social Worker or the Duty SW for that particular team.

4) 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.

5) 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 CA advises how to record the detail, which CA cannot be accessed by the client.

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

7) 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.

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

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

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

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 immediately or if not available the relevant area team manager.

16) If in doubt consult a Social Worker for advice.
Appendix 2  Guidance for Recording a Contact on Liquid Logic

1) Referrers details (who, position, where, telephone number)
2) Date received and time
3) PRESENTING PROBLEM (in bold)
4) Family members (including addresses and telephone numbers)
5) Other professionals involved i.e. GP, school etc. (include Contact details)
6) Identify if there is a current EHA
7) Record if previous Social Care involvement, if so, when open/closed
8) State if parents are aware of the Contact being made to Children’s Social Care. If not, why? If known, what was the parent’s reaction?
9) Bullet point problems (please see suggested guidelines)

Finish with ‘please see attached’…… (MARF/VPRF1 etc.) if from professional or summary of concerns raised by member of the public.
Appendix 3

Emergency Duty Team

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 SPL or Team Manager will discuss with the Head of Service 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 Co-ordinator
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.