MASH Operating Procedures Protocol

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<td>Nov 2017</td>
<td>SRO (interim)</td>
<td>Initial draft</td>
<td>SC</td>
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<td>V0.02</td>
<td>March 2018</td>
<td>SRO</td>
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West Sussex County Council is the lead partner in producing the West Sussex MASH operating model. This was agreed as a result of partner recognition that the majority of MASH procedures relate to social work practice.

The aim of all partners is to secure full co-operation in the development of the operating model to ensure that all aspects of successful MASH operation are reflected and that best practice is secured.

MASH Partner agencies:
- West Sussex County Council
  - Children & Family Services Directorate
  - Education & Skills Directorate
- Sussex Police
- Health (all agencies)
- Change, Grow, Live
- National Probation Service
- Community Rehabilitation Company
- Local Authority Housing Services
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1. Context
Underpinning the West Sussex MASH Operating Procedures are all relevant statutory frameworks relating to Children’s Safeguarding. The MASH Operating Procedures are underpinned by statutory legislation and guidance and are aligned to local and national policies and procedures including but not limited to:

1.1 Law, Policy and Legislation

1.2 The Munro Review 2011 led to the Government revising and updating the statutory guidance Working Together to Safeguard Children (2018) and Safeguarding Children in Education (2018)

1.3 Other Relevant law and legislation:
- Children Act 1989
- Children Act 2004
- Children and Young Persons Act 2008
- Modern Slavery Act 2015
- Anti-Social Behaviour, Crime and Policing Act 2014
- Counter-Terrorism and Security Act 2015

“It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part)—
(a) to safeguard and promote the welfare of children within their area who are in need; and
(b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs.” (Children Act 1989 Section 17)

Should West Sussex Children’s Social Care “have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare.” (Children Act 1989 Section 47)

1.4 Under sections 10 and 11 of the Children Act 2004, agencies working with children have a duty to co-operate in safeguarding and promoting the welfare of children.

1.5 The Pan-Sussex Child Protection and Safeguarding Procedures outline principles and guidance to inform and work to safeguard and promote the welfare of children in Sussex: Sussex Child Protection and Safeguarding Procedures LSCB Sussex Procedures.
https://sussexchildprotection.procedures.org.uk/page/contact
1.6 The aim of the MASH is to bring together key professionals from a range of agencies to facilitate early, better quality information sharing, analysis and decision making to deliver the best possible outcomes for children, young people and families across West Sussex.

As a result, decisions will be made quickly and support will be targeted towards the most urgent cases. Better co-ordination between agencies will also lead to an improved service for children and their families, better risk management and mitigation of identified risk.

The MASH is comprised of a team of co-located professionals from a range of agencies, including Sussex Police, Health, Early Help, Drug & Alcohol Service (CGL), Worth Services (domestic abuse) and Children’s Services.

The co-located multi-agency team is based in Horsham and serves the whole county. It will operate efficiently and effectively to deliver the best possible outcomes for children, young people and families across the county, in particular to ensure:

- Children are better protected from harm and risk is minimised;
- Safeguarding concerns about vulnerable children are processed faster and in a more co-ordinated and consistent manner;
- An improved “journey” for the child with a greater emphasis on early intervention and better informed services that are provided at the right time;
- A better understanding of potential vulnerability, enabling appropriate preventative action to be taken, dealing with cases before they escalate;
- Closer partnership working with clearer accountability, more effective use of resources, better planning and delivery and less duplication of effort;
- A reduction in the number of children inappropriately accessing costly services from Children’s Social Care, the Police, Health and others;
- A reduction in the number of inappropriate and repeat referrals;
- An agreed set of outcomes, measures and supporting key performance indicators.
2. Operating Procedures
In delivering this the MASH will:

- Be child and whole family focused and design any new system/s around this;
- Focus on the outcome – keeping children safe and promoting their health and wellbeing;
- Ensure all partners are working towards common goals;
- Maintain momentum and avoid delays at all costs; to ensure decisions are made within agreed timescales;
- Have awareness of prejudice/unconscious bias/culture and ethnicity and be willing to look at matters objectively and differently;
- Be persistent, honest and open to challenge;
- Clarify roles, responsibilities and who leads on what;
- Assess risks effectively and focus on priorities;
- Work across service boundaries acting as one team;
- Recognise that no one knows everything and that there is expertise across all agencies;
- Have a “can do” philosophy;
- Have professional curiosity and not take information at face value;
- Use resources effectively and achieve economies of scale where possible.
3. Agency Representation in West Sussex MASH

The agencies currently represented in MASH are outlined below; also described is the default position should the agency representative not be present or is unavailable:

- **Children’s Social Care** – there will always be representation within MASH.
- **Early Help** – there will always be representation within MASH.
- **Police** – there will always be representation within MASH.
- **Health** – there are two full-time health representatives present in MASH. Should they not be available or not in a position to respond to the numerous MASH enquiries, any queries should be directed to the most appropriate health service involved with the child or their family.
- **CAMHS** – representation is one day a week, outside these times contact can be made through the Community Mental Health Liaison Service, which operates 12-5pm, or contact can be made through the CAMHS clinics covering the county.
- **Probation** – There will be one worker from the National Probation Service three days a week from September 18.
- **Housing** – there is one full-time representative based in MASH; if the representative is not available, cover will be provided by the Accommodation Team. For families dealing with homelessness out of hours, a decision regarding placement will be made by EDT and the MASH representative notified to follow up.
- **Youth Services** – there is a representation two days per week, supplemented by a virtual link (with access to Mosaic) five days a week; outside these times any MASH queries would need to be redirected.
- **WORTH Domestic Abuse Services** – there will always be representation within MASH.
- **CGL (Care, Grow, Live) Drug & Alcohol Services** – there is representation three days a week and two days virtual (with access to Mosaic); should they not be available queries would need to be directed to the local office.
- **Child Disability Team** – one full-time representative is based in MASH; if not available, cover is provided by their team.
4. West Sussex MASH Contact Process

4.1 Process Overview
Where a professional or member of the public has concerns regarding the welfare of a child they need to contact the MASH team:

**Telephone** 01403 229900  
**Fax** 01403 754 205  
**Email** mash@westsussex.gcsx.gov.uk  
**Postal Address** MASH 1st Floor, County Hall North, Chart Way, Horsham, West Sussex RH1 2XA

The **West Sussex Continuum of Need** guidance supports practitioners working with children to identify different levels of need or welfare concern and what services are available and appropriate to provide support to that child. This is a key document which should be used to understand threshold levels and whether a referral to Children's Social Care is required or an Early Help Assessment is applicable.

Depending on the level of need the concerns indicate, this contact may then be:
- assigned to a social worker in MASH to undertake MASH screening and checks with partner agencies;
- passed to Early Help;
- recorded for information only;
- progressed through to the locality team for a Child & Family Assessment to be undertaken.

If the manager assesses that the child is at risk of suffering significant harm, the referral is progressed within MASH for a S47 Strategy Discussion/Meeting.

4.2 How to Discuss/Raise Concerns

**Telephone**
Members of the public can raise concerns regarding the welfare of a child to the MASH via a telephone call; professionals can also raise concerns via a telephone call, and this must be followed by a formal referral using the Request for Support Form within 24 hours. Please note that available contact channels include:

- Professionals or members of the public can call the MASH on 01403 229900. The service is open 9am–5pm, Monday to Friday.
- **Out of Hours Contact**
  - The Emergency Duty Team (out of office hours) can be called on 0330 222 6664 at the following times:
    - 5pm–9am, Monday to Friday; 24 hours Saturday and Sunday.
  - On Bank Holidays the Emergency Duty Team is available during office hours and evenings.
This is not a continuous service and is for emergencies only and cases must be picked up by MASH managers on the next working day. For internal professionals only, the functional email address is: mash@westsussex.gcsx.gov.uk (listed on the global address list). This secure inbox is checked at the beginning of each shift. If a communication is sent or received after 5pm, staff should also contact the number above to advise the emergency duty officer that new information has been forwarded and may require immediate action.

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

- **Request for Support Form**
  In the first instance professionals need to call the MASH to alert them to their concerns. They will then be advised to complete and submit a formal Request for Support Form. Professionals use this form to identify the child in question and articulate their concerns regarding the child’s welfare.

- **PersonPosing a Risk to Children (PPRC)**
  The Regional PPRC procedure requires that all PPRC who have a current address in West Sussex should be notified by the Police, Prison Service or Probation Service to the Independent Safeguarding Unit. The Safeguarding Service adds the details of the PPRC to its database and undertakes full safeguarding checks. If they identify that there is a child currently linked with the offender, the referral is forwarded to the Assessment & Intervention Service for an assessment of risk. The Assessment & Intervention Service will decide the appropriate action. If a child is not linked to the offender, the Independent Review Unit adds the notification to their database.

- **Integrated Prevention & Earliest Help (IPEH)**
  Where Early Help has been provided and an Early Help Plan is in place and there are concerns that may require social care intervention, the step across process should be used. Consultation can be provided by IPEH senior practitioners within the MASH, if required.

**Unacceptable Channels of Communication**
Professionals are expected to use the agreed channels of communication and contact should not be initiated by post.

Where these channels have not been used appropriately, partner agencies will be advised accordingly. If a member of the public or professional contacts WSCC by post to raise a concern regarding a child, this information will be progressed to the MASH as soon as possible.
5. Recording Contacts

5.1 New Contacts
All contacts about specific children not known or not currently open to Children’s Social Care will be recorded onto Mosaic as a Contact Record.

5.2 Existing Cases
If the contact is already known and open to Children’s Social Care, MASH administration will notify the allocated social worker in the relevant team of the new information.

5.3 Process for Telephone Contacts
Professionals or members of the public can call the MASH when they have concerns regarding the welfare of a child. Their call will be answered by a MASH coordinator who will ask a series of questions to elicit the relevant information. The coordinator checks Mosaic and Holistix to clarify if the case is open and will contact the lead worker, if appropriate.

The role of the coordinator is to clarify the reason for the contact and take basic information (caller’s name, address and telephone number, and name, address and date of birth of child/children, if specific children are the subject of the contact). The MASH coordinator is responsible for recording telephone contacts on the Mosaic electronic recording system. The MASH coordinator requests that the professional completes and sends the Request for a Service Form by secure email within 24 hours.

The lack of a written referral form will not delay decision making about action required. The telephone contact will be logged on Mosaic by the MASH coordinator and this will be work flowed to the MASH manager for review.

5.4 Persons in a Position of Trust (POT)
When the concerns raised in the contact relate to a person in a Position of Trust (POT) they will be logged by MASH administration or the coordinator on Mosaic and work flowed to the MASH manager who will review these concerns in the first instance.

Where screening of a vulnerable child is required, this will be undertaken through the triage process. The triage social worker will alert the Local Authority Designated Officer (LADO)/Team of Designated Officers. When the contact does not require any screening to be undertaken, this case will be work flowed directly to the LADO/Team of Designated Officers on Mosaic. It is the LADO/Team of Designated Officers’ responsibility to alert and involve a social worker from the appropriate Children’s Social Care team.
5.5 Telephone Contacts from the Public
If the nature of the enquiry is outside the remit of Children’s Social Care (e.g. benefits advice) the Mash coordinator will signpost the caller to the appropriate agency.

All other appropriate enquiries or concerns should be recorded as a contact and work flowed to the MASH manager to review in the first instance.

If the enquiry concerns a service user currently open to a Children’s Social Care (CSC) team, the caller should be transferred internally to the correct team.

If the caller requests general information or advice concerning child-care matters, the Mash coordinator will provide available information.

If the caller wishes to remain anonymous, the Mash coordinator should encourage them to give their identity and contact details, explaining that their confidentiality will be respected. The Mash coordinator should obtain as much information as possible from the caller, to ensure that even if the referrer terminates the call, gets cut off or refuses to give a contact number, it should be possible to identify the child and follow up.
6. Initial Oversight by MASH Manager

All contacts received into the mash@westsussex.gcsx.gov.uk secure inbox are initially reviewed by a MASH manager/ senior social worker. Once the contact has been received into the MASH GCSX inbox the referrer will receive a conformation receipt.

Following review, the MASH manager/ senior social worker will decide what action needs to be taken next and record their rationale for the decision. The following options could be chosen:

- Contact to be recorded for information only and closed.
- Signpost if appropriate to other services including referring agency instigating an Early Help Plan.
- Work flow through to Early Help inbox on Mosaic.
- Where the threshold for CSC intervention is met, work flow through to relevant Area Assessment Team duty inbox on Mosaic.
- Where the S47 investigation threshold is met, work flow through to MASH Strategy manager inbox on Mosaic.
- Decide that MASH checks are required in order to establish whether the threshold is met.

6.1 Process Following Manager’s Oversight

Once the contact has been reviewed by the MASH manager/ senior social worker, it is forwarded to the "MASH screened" GCSX inbox for MASH administrators to load the contact onto Mosaic.

The MASH manager/ senior social worker will have recorded on the contact their name, date and time of decision and their rationale. All this information will be recorded onto Mosaic by MASH administrators, who will then process the contact as directed by the MASH manager.
7. MASH Agency Checks/Assessment
At the point of enquiry the MASH manager may decide that the information contained within the referral (including any history recorded on Mosaic) is insufficient to make a decision regarding threshold, in which case the contact will be assigned to a social worker in MASH to undertake checks with partner agencies based either in the MASH or via a virtual link. The social worker will also review and record any previous involvement from children’s social care.

The social worker coordinating the referral will task via Mosaic the request and will RAG rate the request according to priority. The RAG rating will dictate the timescales in which the check should be completed. It is important that the social worker states the nature and context of the issues and a summary of the concerns of the referrer.

No checks with partner agencies can be undertaken without parental consent unless the threshold for Child Protection Enquiries is met as defined in the Children Act 1989 and West Sussex Information agreement.

The information provided by partner agencies must be proportionate and relevant to the nature of the referral.

Once all relevant information has been received, the social worker will analyse the information and will make a recommendation as to what needs to happen next and forward this to the relevant MASH manager’s inbox. The information provided is considered as a key part in the decision-making process.

It is paramount that the MASH social worker explains to the referrer what action/s they have recommended.

*See Appendix page 28 for Flowchart*
8. Strategy Discussion/Meeting
When there is reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm, a Strategy discussion should be undertaken. This complies with Working Together to Safeguard Children, 2018.

It is vital that the appropriate agencies are involved in the Strategy discussion, according to the nature of the concern, e.g. for Non Accidental Injury and sexual abuse a paediatrician, Sexual Assault Referral Centre (SARC) professional or other appropriate Health professional must be contacted. Consideration must be given to the timescales for this to enable the correct representatives to be present whilst ensuring that the best interests of the child remain paramount.

Social workers should not wait for the MASH Strategy discussion/meeting to be concluded prior to responding to a child who is at immediate risk of harm. In some cases Section 47 Child Protection interventions may be initiated while further information sharing is undertaken. This will be passed to the locality duty team to progress.

Once the contact has been received into the MASH manager’s Strategy inbox, partner agencies will be tasked to provide information that will be shared within the Strategy meeting. The social workers coordinating the case will also summarise any previous involvement from Children’s Services. The task will be RAG rated as RED, given the nature of the concerns.

Once the Strategy meeting has concluded, if the outcome is for a S47 Investigation or a Child & Family Assessment, the minutes will contain a clear rationale for the decision and an explanation of the actions agreed, which will immediately be forwarded to the locality team and the minutes will follow thereafter.

See Appendix page 29 for Flowchart
9. Child & Family Assessment
The MASH manager may at the point of referral consider that the threshold for a Child & Family Assessment (CFA) has been met, in which case the contact will be progressed to a referral and forwarded to the locality team duty inbox by MASH administration. The manager’s name and rationale for their decision must be clearly recorded within the contact.

Following a MASH enquiry, the social worker may recommend that a Child & Family Assessment is undertaken: the rationale for this recommendation must be recorded and the contact then forwarded to the MASH manager’s CFA inbox.

The MASH manager will then review the recommendation and if in agreement will forward to the appropriate locality team duty inbox; if the manager does not agree, they will forward the contact as they see appropriate and record their rationale.

*See Appendix page 30 for Flowchart*
10. MASH and Integration Prevention & Earliest Help (IPEH)

The Children’s Social Care team and IPEH are co-located in the MASH and it is imperative that there is open communication between the two, to ensure there is a clear decision-making process for any cases involving children where it is unclear as to which level of service they require.

The MASH manager, at the point of referral, may consider that a response from Early Help would be more appropriate, in which case the contact will be closed down and an Early Help enquiry opened up by MASH administration. This would then be forwarded to the Early Help inbox. The manager’s name, rationale for this decision and expectation from the service must be clearly recorded within the contact.

Following a MASH enquiry, the social worker may recommend that an Early Help response is required: this could include a single agency response, the referring agency to lead on the Early Help Plan or for the contact to be referred to the IPEH Hub for an assessment to be completed.

Contacts that require a referral to the IPEH Hub should be forwarded to the MASH manager’s Early Help inbox, and any others to the MASH manager’s NFA/Early Help inbox once the intervention plan has been agreed. This is processed to an Early Help enquiry.

See Appendix page 31 for Flowchart
11. Child Exploitation (CE)

Children who are trafficked, exploited or coerced into committing crimes are victims in need of safeguarding and support, including those subjected to child sexual exploitation (CSE). It occurs when an individual or a group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into criminal or sexual activity in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact: it can occur through the use of technology. Child sexual exploitation is a form of child sexual abuse (CSA).

Consideration should be given as to whether a CE Risk Assessment Tool has been completed by the referring agency to help inform decision making.

See Appendix page 32 for Flowchart

11.1 Response to concerns being raised regarding multiple children who are at risk of CSE, exploitation, criminalisation and county lines

If the CSE concerns being raised relate to multiple children, the case should be discussed in the first instance with the MASH practice manager and consideration given as to whether a CE Risk Assessment Tool is necessary.

If a multi-agency response is considered the most appropriate way forward, the MASH practice manager should discuss the case with their group manager, who will decide if the case meets the criteria for a complex abuse investigation. Reference will be made to the Pan-Sussex Child Protection and Safeguarding Procedures, specifically to the section relating to “response to concerns regarding complex, organised and multiple abuse”. The group manager will consider convening and chairing a scoping meeting between Children’s Social Care, Police and other relevant agencies to discuss the concerns and make clear plans for the next steps.

If there are concerns about drugs or criminal exploitation, the CE assessment tool can be utilised to aid information gathering from the child and network regarding concerns. Where children are suspected to be at risk of any exploitation, concerns should be sent to the MASH with as much detail as possible about the child and any potential perpetrators or locations of concern.

County Lines

There is no legal definition of “county lines” or criminal exploitation. The term is used to describe situations where children may be trafficked within England for the purpose of criminal exploitation by urban gangs that supply drugs to suburban areas, market or coastal towns and/ or other urban areas. Criminal exploitation includes activities such as using children to move drugs or money.

See Appendix page 33 for Flowchart
11.2 Response to concerns being raised regarding harmful practices

Any suspicion of intended or actual harmful behaviours – such as female genital mutilation (FGM), forced marriage, honour-based abuse/violence, radicalisation or modern slavery – must be immediately referred to Children’s Social Care, in accordance with the Making a Referral Procedure.

Children’s Social Care must inform the Police Safeguarding Investigations Unit at the earliest opportunity and convene a Strategy Meeting as soon as practicable.

An experienced Children’s Social Care manager who is a Child Protection adviser/senior manager should chair the Strategy Meeting. Health providers or voluntary organisations with specific expertise should be invited. Consideration may be given to inviting a legal adviser who can provide advice on FGM.

In planning any intervention it is important to consider the significance of cultural factors. Any intervention is more likely to be successful if it involves workers from, or with a detailed knowledge of, the community concerned.

If necessary, legal advice must be taken on the options which could be considered to protect a child. Under the Children Act 1989, possible legal proceedings could include a Prohibited Steps Order with or without a Supervision Order.

Individual procedures are available within the Pan-Sussex Child Protection Procedures [https://sussexchildprotection.procedures.org.uk/page/contents](https://sussexchildprotection.procedures.org.uk/page/contents)
12. Transfer In Process
(cases transferring into West Sussex from another Local Authority)

This guidance should be followed with professional autonomy and discretion. All cases are likely to be different and will need to be managed with a level of curiosity and challenge. Practice managers within MASH should ensure they are clear about the basis of a transfer request. The practice manager should explain clearly to the transferring authority that case responsibility remains with the local authority requesting the case transfer until West Sussex County Council (WSCC) has provided written agreement to accept the case.

12.1 Children subject to Child Protection Plans

Once the “transfer in” request has been received into MASH from another local authority for children who have moved their permanent residence, the MASH manager must ensure the referral includes all the relevant information and documentation. This will include the date the family moved to West Sussex, reasons for the family moving (e.g. new accommodation secured; fleeing domestic abuse; residing with family members already resident in West Sussex), the most recent assessment, Child Protection plan and conference report.

The MASH manager must ascertain and record what arrangements the transferring local authority has made for visiting the child/children until a “transfer in” Child Protection conference has taken place.

Children’s Safeguarding Unit (CSU) and Police must to be notified of the “transfer in” request (referral email and all information identified above to be sent to: cpu.team@westsussex.gcsx.gov.uk and ws_psh@sussex.pnn.police.uk). This is to enable CPU and the Police to log the children as being on temporary Child Protection plans prior to the “transfer in” conference.

Once the “transfer in” request has been recorded onto Mosaic, the referral should be sent to the appropriate Family Support & Protection team (FS&P) for a Child & Family Assessment to be undertaken.

See Appendix page 34 for Flowchart

12.2 Children with Child in Need Plans

Once the “transfer in” request has been received into MASH from another authority, the MASH manager must ensure the referral includes all the relevant information and documentation. This will include the date the family moved to West Sussex and the circumstances for moving (e.g. new accommodation secured; fleeing domestic abuse; residing with family members already resident in West Sussex).
The MASH manager must ascertain and record what arrangements the transferring local authority have made for visiting the child/children until the “transfer in” Child in Need conference has taken place.

The MASH manager must ensure the referral is accompanied with the most recent assessment, related reports and Child in Need plan. The MASH manager will then decide if the request contact meets the criteria and threshold for social care intervention by WSCC.

Following decision by the MASH manager, the transfer request contact will be sent for a Child & Family Assessment or Early Help for ongoing support through either single or multi-agency support.

See Appendix page 35 for Flowchart

12.3 Children with Existing Legal Orders
Once the transfer request has been received into MASH from another local authority, the MASH manager must ensure the referral includes all the relevant information and documentation. This will include, but is not limited to, the date the family moved to West Sussex and the circumstances for moving (e.g. new accommodation secured; fleeing domestic abuse; residing with family members already resident in West Sussex). The referral must also provide the most recent court documents (statements, assessments and care plan).

The MASH manager must ensure that the WSCC legal team is aware of the “transfer in” request.

The MASH manager needs to ascertain and record what arrangements the transferring local authority has made for visiting the child/children until the legal order has been transferred.

If the child is subject to an Interim or Full Care Order, the MASH manager must make contact with the relevant group manager for the Resilience & Permanence team to discuss the transfer request.

If the child is subject to a Supervision Order, the MASH manager must make contact with the relevant group manager for FSP to discuss the transfer request.

See Appendix page 36 for Flowchart
13. Private Fostering
Private Fostering occurs when a child under the age of 16 (or under 18 if the child is disabled) is cared for by someone who is not their parent or a close relative. This is a private arrangement made between a parent and a caregiver for 28 days or more. Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether by full blood, half blood or marriage).

Under the Children Act 1989, there is a legal requirement for local authorities to be notified of all Private Fostering arrangements. The local authority has a duty to undertake assessments and checks, and also provide support and advice to the child and to the private foster carer.

Once a Private Fostering referral is received into MASH, the MASH manager must first determine if the referral meets Private Fostering criteria and/or if there are any safeguarding concerns.

It is important to establish whether consent to the arrangements has been obtained from the parents/carers who have parental responsibility and what financial and practical care arrangements have been agreed between the parents and Private Foster caregivers.

If there are no safeguarding concerns and the Private Fostering criteria are met, the contact should be sent to the Private Fostering team for an assessment to be undertaken. Fosteringnorthduty@westsussex.gov.uk

If there are safeguarding concerns, the contact should progress to a referral, which should be sent to the relevant locality team to undertake a Child & Family Assessment or S47 Child Protection Investigation.

See Appendix page 37 for Flowchart
14. Pre-Birth Assessments
The purpose of a pre-birth assessment is to identify any potential risks to the new-born child, assess whether the parent(s) are capable of changing so that the identified risks can be reduced and if so, what support they will need. The pre-birth assessment must be of sufficient depth to inform future care planning. WSCC Pre Birth Assessment; Guidance and Process describes the process requirements.

Once a referral has been received into MASH, the MASH manager must decide whether a pre-birth assessment should be undertaken within the Child & Family Assessment Framework by the A&I service: whilst there are concerns that require a Level 4 intervention, at this point of referral the concerns do not raise serious issues which meet significant harm thresholds.

Where the concerns do indicate significant harm has occurred or there is a risk of significant harm, the referral should clearly state that a full pre-birth assessment is required and be passed to the Family Support & Protection service.

Determining when a comprehensive pre-birth assessment is required
The decision to undertake a comprehensive pre-birth assessment may be because of one significant incident, or a series of less serious occurrences which cumulatively raise significant concerns. In situations where a number of the above factors are known to co-exist, the pre-birth assessment must consider the potential impact of the cumulative risk factors on the unborn child as well as on the baby when it is born. The following are the circumstances in which a full pre-birth assessment should be undertaken:

- Where the expectant mother/proposed carers are under 18 years of age, the assessment should consider their own needs in addition to their ability to meet the baby’s needs.
- Where a child in the family has previously been removed from either parent due to suffering significant harm.
- Where there has been a previous unexplained death of a child or unexplained serious injury to a child whilst in the care of either parent.
- Where a child in the home is on a Child Protection Plan or one of the parents is on a Child Protection Plan.
- Where either parent is currently a Child Looked After or Care Leaver under the age of 25.
- Where either parent is under the age of 16.
- Where the pregnancy has been concealed.
- Where a parent has requested to relinquish the child upon birth.

See Appendix page 38 for Flowchart
15. Requests for Information
MASH receives numerous requests for information about children and adults from other agencies, including Cafcass, Probation Services, Ofsted, Education, Police, hospitals, prisons and other local authorities.

Any requests for information relating to open cases should be directed straight to the allocated worker for completion.

MASH Coordinator will be tasked with creating the contact and undertake an initial check to establish if the child and/or adult were previously known to WSCC. If not previously known, MASH admin will respond direct to the referrer.

If the child and/or adult are known, the MASH coordinator is to provide a brief chronology of our involvement.

See Appendix page 39 for Flowchart
16. Escalation Policy

The WSSCB have produced a multi-agency WSSCB Escalation Policy 2017. This outlines what you should do when faced with a professional disagreement. This policy is accompanied by a template to inform the WSSCB of escalations. Telling us about escalations enables us to identify common issues which lead to professional disagreements, and take action required.

17. Homeless Families
MASH may receive notifications from a number of sources that a family has been or is about to be made homeless.

The initial contact is created and if the family is not at risk of immediate homelessness, contacts are tasked to the MASH Housing representative by Early Help. Where a contact is identified as urgent, it is tasked to the MASH Housing representative by the social worker. The Housing representative will undertake checks to establish if the family is homeless and if homelessness can be prevented. If alternative housing can be identified and secured without financial commitment from Children’s Social Care, the contact can be closed down. The family may be connected to Early Help if appropriate.

If satisfied that the child/children do not have a place of safety, the social worker is notified and the MASH Housing representative will source a temporary accommodation placement on behalf of Children’s Social Care. The contact should be progressed to a referral and sent to the relevant Locality Assessment & Intervention team for a Child & Family Assessment. Any authorised temporary accommodation placement is sourced by the MASH Housing representative on behalf of Children’s Social Care.

*See Appendix page 40 for Flowchart*
18. Fabricated or Induced Illness
Fabricated or induced illness in a child is a condition whereby a child suffers harm through the deliberate action of her/his main carer, which is duplicitously attributed by the adult to another cause.

There are three main ways that a carer can fabricate or induce illness in a child, which are not mutually exclusive:

- Fabrication of signs and symptoms, including fabrication or exaggeration of past or current medical history.
- Fabrication or exaggeration of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluids.
- Induction of illness by a variety of means.

When a MASH referral is received, it is important that managers make the critical distinction between what may be a perplexing case/presentation, an over-anxious parent and what meets the Pan-Sussex definition of Fabricated or Induced Illness. Actual induction of illness is rare; it is far more common for a parent/carer to exaggerate or misreporting symptoms. A discussion about immediate risk of harm must be undertaken with the referring paediatrician or named doctor.

For a small number of children, concerns will be raised about the health or development of a child being significantly impaired or further impaired by the actions of a carer or by carers fabricating or inducing illness. Where the impairment is such that there are concerns the child is suffering or is likely to suffer significant harm, the Pan-Sussex Child Protection and Safeguarding Procedures must be followed.

Should the referral be received by a named doctor, the above procedures must always be followed and any meetings should be held at the hospital.

See Appendix page 41 for Flowchart
MASH Operating Procedures

**MASH Enquiry Entry Point**

- **Phone**
  - Contact created on Mosaic
  - MASH manager incoming Mosaic box
  - MASH manager Review
  - Assign to MASH social worker
  - Request information sent to MASH partners (RAG'd)
  - MASH social worker analyse all internal info: recommendation made
  - MASH manager CFA / MASH manager Strategy / MASH manager NFA: Early Help
  - Locality duty inbox / MASH manager Strategy / Early Help

- **Email**
  - Review by MASH manager: Decision & Rationale
  - Assign to MASH social worker
  - Request information sent to MASH partners (RAG'd)
  - MASH social worker analyse all internal info: recommendation made
  - MASH manager CFA / MASH manager Strategy / MASH manager NFA: Early Help
  - Locality duty inbox / MASH manager Strategy / Early Help

- **Post**
  - Review by MASH manager: Decision & Rationale
  - Assign to MASH social worker
  - Request information sent to MASH partners (RAG'd)
  - MASH social worker analyse all internal info: recommendation made
  - MASH manager CFA / MASH manager Strategy / MASH manager NFA: Early Help
  - Locality duty inbox / MASH manager Strategy / Early Help
MASH Operating Procedures

Early Help

Phone
- Contact created on Mosaic
  - MASH manager incoming
    - Review by MASH manager
      - Decision & Rationale
      - Early Help enquiry opened

Email
- Review by MASH manager: Decision & Rationale
  - MASH screened inbox
  - Contact created by MASH admin with MASH manager: Decision & Rationale
  - Contact closed by MASH admin: Early Help enquiry opened

Post
- Review by MASH manager: Decision & Rationale
  - Contact created by MASH admin with MASH manager: Decision & Rationale
  - Contact closed: Early Help enquiry opened
  - Forwarded to Early Help inbox
MASH Operating Procedures

Child Sexual Exploitation (CSE)

Phone
- Contact created on Mosaic
- MASH manager incoming
- Review by MASH manager: Decision & Rationale
- Child & Family Assessment / S47 / Strat / Early Help / NFA

Email
- MASH screened inbox
- Contact created by MASH admin with MASH manager: Decision & Rationale
- Child & Family Assessment / S47 / Strat / Early Help / NFA

Post
- MASH screened inbox
- Contact created by MASH admin with MASH manager: Decision & Rationale
- Child & Family Assessment / S47 / Strat / Early Help / NFA
Contact Relates to Child Sexual Exploitation (CSE) for Multiple Children

Initial discussion with MASH practice manager

Has CSE Risk Assessment Form been completed for all?

Does this require a multi-agency response?

If yes, discuss case with MASH group manager

Group manager to chair scoping meeting

Plan and next steps agreed and communicated
Transfer In Process: Children Subject to Child Protection Plans

Phone
Referrer OLA asked to send transfer request to MASH GCSX box with relevant info
Child & Family Assessment / S47 / Strat / Early Help / NFA
Contact created with manager's Decision & Rationale

Email
Review by MASH manager: Decision & Rationale. Ensure all relevant info and documentation recorded
MASH screened box
Child & Family Assessment / S47 / Strat / Early Help / NFA
Contact created with manager's Decision & Rationale

Post
Review by MASH manager: Decision & Rationale
MASH screened box
Child & Family Assessment / S47 / Strat / Early Help / NFA
Contact created with manager's Decision & Rationale
Transfer In Process: Children with Child in Need Plans

Phone
- Referrer OLA asked to send transfer request to MASH GCSX box with relevant info
  - Progress to referral of locality duty box. Contact closed: Early Help enquiry
  - Early Help inbox
- Review by MASH manager: Decision & Rationale. Ensure relevant info and documentation recorded
  - MASH screened inbox
  - Contact recorded on Mosaic with Decision & Rationale
  - Progress to referral of locality duty box. Contact closed: Early Help enquiry
  - Early Help inbox

Email
- Review by MASH manager: Decision & Rationale. Ensure relevant info and documentation recorded
  - MASH screened inbox
  - Contact recorded on Mosaic with Decision & Rationale
  - Progress to referral of locality duty box. Contact closed: Early Help enquiry
  - Early Help inbox

Post
- Review by MASH manager: Decision & Rationale. Ensure relevant info and documentation recorded
  - MASH screened box
  - Contact recorded on Mosaic with Decision & Rationale
  - Progress to referral of locality duty box. Contact closed: Early Help enquiry
  - Early Help inbox
Transfer In Process: Children with Existing Legal Orders

Phone

- Contact created on Mosaic
- MASH manager incoming
- Review by MASH manager: Decision & Rationale
- MASH manager to alert WSCC Legal Dept
- Interim or full care? Supervision Order?
- MASH manager to liaise with relevant group manager (Resilience & Permanance or FSP)

Email

- Review by MASH manager: Decision & Rationale
- MASH manager to alert WSCC Legal Dept
- Interim or full care? Supervision Order?
- MASH manager to liaise with relevant group manager (Resilience & Permanance or FSP)

Post

- Review by MASH manager: Decision & Rationale
- MASH manager to alert WSCC Legal Dept
- Interim or full care? Supervision Order?
- MASH manager to liaise with relevant group manager (Resilience & Permanance or FSP)
Pre-Birth Assessments

Phone
- Contact created on Mosaic
  - MASH manager incoming
  - Review by MASH manager: Decision & Rationale
  - MASH screened box: MASH admin create contact with manager’s Decision & Rationale
  - Assessment under CFA framework? Assessment required comprehensive pre-birth assessment?
  - Contact progressed to referral and sent to relevant team (A&I or FSP)

Email
- Review by MASH manager: Decision & Rationale
  - MASH screened box: MASH admin create contact with manager’s Decision & Rationale
  - Assessment under CFA framework? Assessment required comprehensive pre-birth assessment?
  - Contact progressed to referral and sent to relevant team (A&I or FSP)

Post
- Review by MASH manager: Decision & Rationale
  - MASH screened box: MASH admin create contact with manager’s Decision & Rationale
  - Assessment under CFA framework? Assessment required comprehensive pre-birth assessment?
  - Contact progressed to referral and sent to relevant team (A&I or FSP)
Fabricated or Induced Illness

- Phone
  - Contact created on Mosaic
  - MASH manager incoming Mosaic box
  - MASH manager review
  - *Child & Family Assessment / *S47 / Strat / *Early Help

- Email
  - Review by MASH manager: Decision & Rationale
  - MASH screened box: contact created by MASH admin with Decision & Rationale
  - *MASH locality box / *locality duty box for CFA / *Early Help

- Post
  - Review by MASH manager: Decision & Rationale
  - MASH screened box: contact created by MASH admin with Decision & Rationale
  - *MASH locality box / *locality duty box for CFA / *Early Help