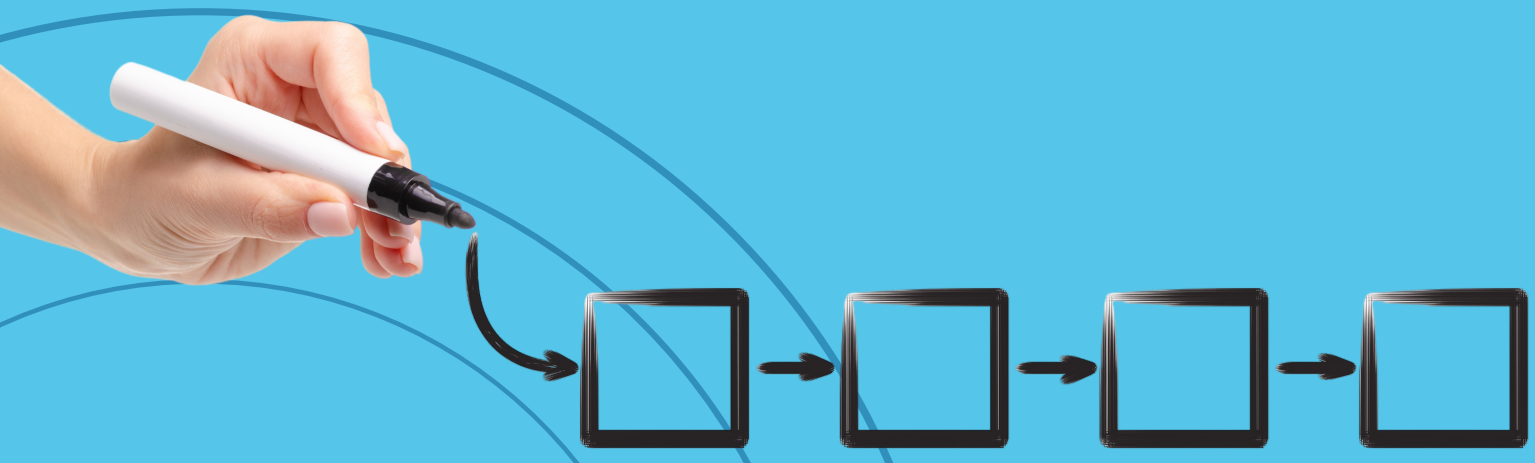
2021

HAVERING MULTI-AGENCY SAFEGUARDING HUB (MASH) PROTOCOLS & PROCESS MAPS



Havering
LONDON BOROUGH

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BACKGROUND

Section 10 of the Children Act 2004 created a requirement for children's services to make suitable arrangements for co-operation between the relevant partners in order to improve the wellbeing of children in the authority's area. Statutory guidance for Section 10 of the Act states good information sharing is key to successful collaborative working and arrangements should ensure information is shared for strategic planning purposes and to support effective service delivery. The London Child Protection procedures provides safe and effective processes to enable us to deliver on our statutory duties.

The main aim of a MASH is to improve the quality of information sharing and decision making between agencies at the earliest opportunity. This is historically a weak point in multi-agency child protection work and consistently cited as a factor in serious case reviews and high level child protection inquiries (including those into the deaths of Victoria Climbie and Peter Connelly).

A MASH team comprises of a group of practitioners, still employed by their individual agencies (local authority, police, probation, health services, housing etc) but co-located in one office. It operates on the basis of a 'sealed' intelligence hub, with clear information sharing protocols giving partners the confidence and trust to engage fully in effective multi-agency working. By combining the information held by the full range of agencies working with a child or family, the MASH process allows practitioners to build up a fuller picture of an individual child's circumstances and history before deciding the most appropriate course of action to keep them safe.

The MASH process was strongly endorsed by the Ofsted report, 'Good Practice by Local Safeguarding Children Boards' and 'The Munro Review of Child Protection'.

Five factors have been identified as core components which every MASH will need in order to work effectively:

All notifications relating to safeguarding and promoting the welfare of children to go through the hub

All concerns of whatever level must be routed through the hub to ensure that low level repeat concerns from a variety of partners can be identified in the MASH, preventing these from being masked through volume or lost in the bureaucracy of a partnership. This focuses on anything with regard to safeguarding and promoting the welfare of children, and will enable effective interventions at the earliest opportunity. Having one

route in and one decision making process ensures a standard of risk assessment and decision making that can be regularly base-lined and audited.

Co-location of professionals from core agencies to research, interpret and determine what is proportionate and relevant to share

This is critical to ensuring all partners have the confidence and trust to engage fully in effective working. The duty of care for agency information remains with the 'owner' at all times, and the decisions to share information are made on a case-by-case basis within the statutory framework to ensure information is available upon which to make the best decision. All information should be disclosed within the security of the hub.

The MASH activity is confidential and separate from operational activity and providing a confidential record system of activity to support this

This provision is required to ensure sensitive information will remain in a confidential environment, where only those who actually need to know get to see the information. Information is disclosed on a strictly 'need to know basis'.

An agreed process for analysing and assessing risk, based on the fullest information picture and dissemination of a suitable information product to the most appropriate agency for necessary action

Essentially, this is a partnership giving itself the best opportunity to make effective and efficient decisions through having the most complete information at the earliest stage. By utilising a standardised risk assessment and threshold model, a consistency and clarity of decision making will be achieved. MASH will provide proportionate and relevant information to the most appropriate agencies.

A process to identify victims and emerging harm through research and analysis

MASH provides a secure environment where information is subjected to ongoing research and analysis. This will identify victims and perpetrators by understanding repeat notifications and the identification of individuals who will suffer increasing levels of harm in the future. The identification of these individuals and the families around them will enable services to intervene at a much earlier time, thereby providing opportunities to reduce harm and long term costs. The provision of analysis within the MASH enables the commissioning and prioritisation of resources to improve safeguarding provision.

INTRODUCTION

This document is intended for use by all staff working in the MASH. It should read with the Information Sharing Agreement, Multi-Agency Threshold Document, Pan London Procedures and be used in conjunction with Children's Social Care Policies & Procedures. The document has been agreed by all MASH partners.

The procedures aim to ensure that managers and staff in the MASH have a clear understanding of the MASH processes and procedures for workflow, information sharing and multi-agency working.

The procedures are to be used as guidance and do not preclude the need for workers to make decisions and use their judgement.

INFORMATION SHARING AGREEMENT

Mash Privacy Notice

Information sharing in MASH is determined by the 1989 and 2004 Children Act. The main legal gateway for cases being placed through the MASH is the 1989 Children Act whereby the MASH is used to determine if the Local Authority has a duty to assess (Section 17) if a child is in need and whether there is a statutory need to undertake a child protection investigation (Section 47). The 2004 Children Act, Section 10 and 11 places an obligation on the Local Authority to cooperate with partners such as the police and NHS to promote the welfare of the child.

The following gives the local authority a legal obligation to share information:

- The family has been informed of the referral and the legal basis for placing the case through the MASH
- The family has been signed posted to the Havering Internet to review the MASH privacy notice. (If they do not have access to the internet agree to print it out and send it in the post to the family).
- Or the family has not been informed that this referral has been placed through the MASH at this stage because the child would be placed at further risk due to the high level referral concerns.
- Or the family has not been informed of the referral being placed through the MASH at this stage because sharing information would prejudice the prevention, detection or prosecution of a serious crime. (Include sexual abuse / high level physical abuse / terrorism).
- Or we have been unable to contact the family at this time due to not answering their telephone calls. A message is left explaining that we have received a referral and requesting a call back.

MANAGING THE MASH

The MASH is operational between the hours of 9am and 5pm Monday to Friday. Concerns identified outside of these hours should be reported to the Out of Hours Emergency Duty Team.

The MASH managers are responsible for co-ordinating and directing MASH operations and ensuring that MASH team members carry out their respective roles so that the process runs smoothly and the main objectives of the MASH are met. This includes meeting with the duty assessment team manager and the early help manager on a daily basis to ensure the smooth transition of cases through the MASH. The MASH managers will also liaise closely with the Police, Health representative and the other relevant partners.

MANAGEMENT OF CONTACTS

Havering MASH performs the following key functions:

- Havering Multi Agency Safeguarding Hub (MASH) is the single point of entry for referrals regarding the well-being and protection of children, strengthening the safeguarding partnership's ability to meet the needs of children and young people in Havering.
- Receives all safeguarding child contacts
- Provides a consultation line (MASH DUTY LINE) for professionals to speak to a social worker for information, advice and guidance with oversight from the manager

The MASH receives contacts through a variety of methods - telephone, email, and letter. These contacts are made by professionals, members of the public and service users.

A contact is the initial request for a service, advice or information.

Contacts from professionals must be made using a multi-agency referral form; however, where there are immediate child protection concerns, referrals must be made by telephone and followed up in writing as soon as possible using the referral form.

The MASH manager will screen all incoming contacts and prioritise contacts using a RAG rating system (red, amber or green) considering the following to determine the most appropriate pathway:

- Presenting risk, harm and vulnerability
- Known children social care history about the child and family
- Multi-agency threshold document

Any contact can be closed down immediately if it does not meet the threshold for level 2, 3 or 4 interventions. Alternatively where threshold is clearly met these contacts will be progressed to referral to the duty assessment team.

The MASH business process essentially has three pathways to identify, prioritise, review and progress contacts as follows:

1. High risk (mostly red and some amber) - Children at immediate risk of significant harm are fast-tracked by the hub and picked up by the duty assessment team.
2. Screening (mainly amber and some red) – Two stage process. Firstly the initial contact is allocated to a social worker to speak to the parents, review the history and referral in order to recommend a threshold decision within 24 hours. Where a threshold decision cannot be made at the first stage and more information is required, the contact is moved to second stage called a MASH enquiry requesting contribution from partners to inform decision making in line with the MASH RAG timescales.

PARTNERSHIP MASH PROCESSES / INTERFACE

The multi-agency partnership will:

- Share information that is necessary, proportionate and relevant to assist the MASH process.
- For all contacts subject to MASH enquiry; all partner agencies are responsible to undertake and contribute to the research carried out on the contact within the agreed MASH RAG timescales.
- Each agency will complete checks within their own organisations and bring any relevant information to the MASH meeting. For contacts that do not reach threshold for statutory intervention consideration should be given to what information can and should be shared without consent with other agencies.
- Each partner will need to keep local records so that their organisation is aware of how its information is being used.

All contacts received by the MASH will be subject to three possible phases explained in more detail below in relationship to information sharing and partner input:

1. Identification of child/ family where information is not fully known (demographic check)
2. MASH Partnership Meeting
3. MASH Episode / Enquiries

IDENTIFICATION OF CHILD/FAMILY WHERE INFORMATION IS NOT FULLY KNOWN (DEMOGRAPHIC CHECK)

At times to inform decision making the MASH social work team will send an email to Housing, Police or Health MASH partners to clarify information such as addresses, and/or telephone numbers. The purpose is to establish and identify the identity of a child, other details like NHS numbers, siblings in the home etc.

DAILY MASH MEETING

Daily MASH meetings will take place Monday to Friday at a fixed time. This meeting will be attended by representatives of all the core MASH members and chaired by the MASH manager. The purpose of the meeting is as follows:

- To consider new referrals that have come in overnight (MERLINS, EDT & hospital notifications)
- To facilitate timely, coordinated and effective face to face joint information-sharing in order to reduce delay in families receiving a service
- To support robust multi-agency working with good and consistent application of threshold
- To provide an additional layer of scrutiny regarding decision-making and ensuring that all actions are responsive and proportionate to risk
- To facilitate & strengthen the identification of, and provision for, families in need of early help provision (step down)
- To quickly step up cases when concerns for children escalate

Contacts identified for the MASH meeting will be given an initial RAG by the screening manager pre the MASH Meeting. Following review of the contact the MASH members will have an opportunity to revise the initial RAG rating coming to a joint decision on a final RAG.

RAG ratings prior to the MASH meeting are the ratings given to the case without the additional information being gathered. The RAG rating that is given after MASH is based on the information gathered following the sharing of information between agencies.

The thresholds for the RAG pre-MASH stage are a preliminary assessment of the level of intervention required. At the post-MASH stage they set the level of intervention required based on the information that has been gathered. The second RAG rating is better informed, and therefore, guides the intervention process better.

RAG rating the contact pre and post MASH meeting does two things; firstly it confirms the level of risk deemed to be present for the child and family at the point of initial contact and secondly, shows that the initial contact information indicated a lower risk than the risk associated with the “whole picture” for the child provided by information

gathered from the MASH. This allows meaningful information-sharing where the risk assessments are dynamic and help staff to determine the best action to take and is outcome focused. For example, an initial RAG moving from green to amber or red based on information held and shared by partner(s) - a check and balance within the system providing the opportunity to continually reflect on the level of risk and support to families.

DAILY MASH PARTNERSHIP MEETING

The MASH meeting will work to the following Agenda:

- Recording of attendance
- Any outstanding actions from the previous meeting
- Review of new cases and agreement on outcome and final RAG
- Identification of any good practice or learning points

MASH EPISODE/ENQUIRIES

The MASH enquiry process will be initiated when informed decisions cannot be made at the MASH screening stage 1. This usually is when there are unknown needs, harm and risk factors or gaps that have been identified by the assessing social worker or based on other specific criteria as outlined below.

CRITERIA FOR PROGRESSING TO MASH ENQUIRIES

1. All Domestic Violence referrals where the police are not the referrer and additional information is required to determine the threshold and where Barnardo's risk matrix is serious level 2 and 3
2. All referrals where there are a combination of the Toxic Trio: Mental Health, drug/alcohol and domestic violence
3. Child or Adult with significant mental illness (self-harming, psychosis, depression, etc.) subject to parental consent where appropriate
4. Contacts that evidences a young person involved with gangs or being exploited by gangs
5. Frequent referrals of parental criminality (3 or more in a 6 month period)
6. Frequent referrals raising concerns of acute/chronic neglect (3 or more referrals in a 6 month period)
7. Children / young people at risk of sexual or other criminal exploitation e.g. county lines / modern day slavery
8. Suspicions or allegations of Fabricated Illness
9. PREVENT Referrals / Radicalisation Referrals
10. Modern Day Slavery Referrals / trafficking
11. Serious and Organised Crime
12. Class A parental substance misuse
13. Minor concerns about a child on a repeat basis (three contacts)
14. Referral regarding a child found begging

15. Female Genital Mutilation (FGM) or faith based abuse e.g. breast flattening, forced marriage
16. Repeat missing person
17. Children under the age of 16 who are pregnant
18. All other referrals deemed appropriate by MASH Managers

At this stage, all core and virtual partners can be engaged and will receive an electronic request initiated by the main MASH manager as the decision maker with an indicated RAG rating. This is the timescale of when information should be completed and returned to the main decision maker to make an overall decision regarding the case.

RAG RATING SYSTEM

The RAG ratings are based on the Multi-Agency Threshold Document and the London Child Protection Procedures. The RAG timescales/ priority for processing work are as follows for MASH enquires:

RAG Rating	Response	MASH Response Time
Red (Level 4) – Acute / Child Protection: Requires Intensive support as there is "reasonable cause to suspect that a child …. is suffering or likely to suffer significant harm" Children Act 1989 Sec 47	S47/Child Protection	4 hrs
Amber (Level 3) – Complex / Child in Need: Complex needs that are likely to need longer term intervention from statutory or specialist services.	S17/Child in Need	24 hrs
Green (Level 2) – Vulnerable: Universal support and more targeted support services are needed.	Early Help	72 hrs

FEEDBACK

The MASH team is expected to feed back to the referrer within 48 hours of the decision being made on their contact received.

EVALUATION AND QUALITY ASSURANCE OF THE MASH

Each agency will be responsible for ensuring the quality and accuracy of information provided.

Agencies remain responsible for the professional conduct and quality of work of their staff working within the MASH and should take action to address any capability or disciplinary matters.

This protocol and the data sharing protocol will be reviewed annually by the Partners and Safeguarding Partnership.

OPEN CASES

When a MERLIN has been identified as an open case i.e. a Social Worker is allocated to the child; the referral will be sent to the allocated Social Worker or Social Services Team via the MERLIN Notification process. No checks will be completed. The Social Worker in charge of the case can request checks or research via the agreed process i.e. to SC&O5 through the completion of an 87B form.

DOMESTIC ABUSE

A high proportion of Merlin's relate to domestic abuse incidents, many will require an assessment for support and intervention and some will need to be referred to the Multi Agency Risk Assessment Conference (MARAC).

MISSING, CSE GANG ACTIVITY

Missing Police reports, in respect of children missing from home and care, will also be referred to the MASH and may include important information and intelligence provided as a result of Police "safe and well checks". The importance of understanding this information in respect of the child who has gone missing, and more generally in relation to local intelligence which can help protect other children, is critical to help inform the local safeguarding partnership's ability to understand and respond to CSE and other forms of exploitation in the borough. Gang activity will also be reported into the MASH via Police "Merlin" reports.

MASH ICT ARRANGEMENTS

Each agency within the MASH will remain responsible for accessing, scrutinising and reporting on their agencies data, information and intelligence. Although safeguarding partners will ultimately share their agency's information; it is not envisaged that partners will have access to each other's data bases as this is likely to contravene agency data security arrangements. Each MASH partner will make appropriate arrangements to have access to their own agency's data base within the MASH via an approved arrangement.

- CSC– Liquid Logic
- Education Welfare (navigator)
- Police – PND, Visor,
- Health (Rio)
- Probation

MASH INFORMATION DATA

LBH MASH performance reports are prepared on a monthly basis by the LBH Performance Team in consultation with the MASH Steering Group which meet on a quarterly basis to review reports and performance. The MASH report includes the following:

- Referral source
- Timeliness of contacts
- Timeliness of MASH episodes
- How many MASH enquiries were stepped across to early help?
- How many MASH enquiries were signposted or NFA'd?

MASH INFORMATION SHARING AGREEMENT

An updated and revised version of the Information Sharing Agreement (ISA) has been drafted and agreed by all local safeguarding partners at the MASH Steering Group.

RESOLVING DISAGREEMENTS

In the event of any disagreements arising between partner agencies relating to MASH operations or decision-making, this will be dealt with in the first instance at local level through discussion with partner team members.

Where a resolution cannot be found at this level within a reasonable timescale, the matter should be referred to the Head of Service responsible for the MASH service, who may raise the issue with senior staff within the MASH partner agencies in order to find a solution.

MASH GOVERNANCE ARRANGEMENTS

Individual safeguarding partners engaged in the MASH continue to be responsible for their own line management and supervision. However, in recognition of the importance and necessity of working well together; a MASH Operational Strategic Group will continue to meet on a monthly basis to plan, monitor and review the collective day to day operational practice within the MASH.

MASH REFERRAL PROCESS

MARF, EDT, MERLINS

(BSO Screens MARF and send on to Manager via MASH Triage

SCREENING MANAGER/AP

NEW CASE

RAG RATING

- Manager/AP records actions

BSO creates the contact on LCS and then sends to SW assigned to the case

THE MASH CLOCK STARTS

RED: 4HRS

AMBER: 24HRS

Assigned to SW/EHP

MASH episode triggered by SW if required.

SW/EHP make enquires and makes recommendation

(complex case contact sent to Manager/AP for oversight

BSO requests info from MASH partners. Once information received sent back to SW.

OPEN CASE

1) MASH INFORMATION REDIRECT
2) NON LBH ADDRESS REDIRECT
3) OPEN CASE REDIRECT

RED

MANAGER /AP

Reviews information and concludes referral

PROGRESS TO DUTY Assessment TEAM

EARLY HELP HUB

ADVICE & INFO

MASH PRIVACY NOTICE

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Indicators of need matrix practitioners guide

		Level 1 – Universal	Level 2 – Vulnerable	Level 3 – Complex	Level 4 – Acute
Common Features		No additional needs, only requiring universal service support.	Low to Vulnerable targeted support. Child may have low level additional needs that can be met in the short term.	Complex additional needs requiring integrated targeted support or Section 17 High level of unmet needs which may require long term intervention from targeted, statutory and specialist services.	Acute additional needs requiring specialist or statutory integrated response OR child protection Section 47.
Characteristics		Child is achieving expected outcomes	From households where parents are under stress, possibly impacting on their parenting capacity	Unlikely to enjoy a reasonable standard of development or health and are at riskof negative outcomes without a coordinated response.	Who have suffered or are at risk of suffering significant harm
Child's Development Needs					
Health	**Development Milestones**	Health needs are being met by universal services	Slow to reach developmental milestones	Consistently failing to reach developmental milestones	Clear allegation of harm and/or disclosure of harm
	Personal Health	Physically/Psychologically healthy	Additional health needs and persistent minor health problems	Learning affected by significant health problems	Suffering or at risk of suffering serious physical emotional or sexual harm or neglect
	Access to Healthcare	Up-to-date immunisations and developmental checks	Missing health checks/ routine appointments/ immunisations	Experiencing chronic ill health or diagnosed with a life limiting illness, which are regularly unattended	Failure to access medical attention for chronic/reoccurring health problems
	Wellbeing	Adequate nutritious diet, with regular dental checks and optical care	Minor concerns with weight/diet/ health and hygiene	Concerns with weight/diet/ health and hygiene	Significant concerns with weight/diet/ health and hygiene
	Disability	None	Disability requiring support services	Disability requires significant support services	Disability requiring the highest level of support
	Parenting	Strong bond with parents	Issues of poor bonding/attachment	Concerns about parenting capacity	Development significantly impaired due to parenting
	Mental Health	No signs of mental health issues	Signs of deteriorating mental health of child including self-harm	Signs of deteriorating mental health of child including self-harm	Diagnosed mental health issues and self-harming is having a significant impact on wellbeing
	Substance Misuse	No misuse of substances	Experimenting with drugs and alcohol	Problematic substance misuse with links to risk-taking behaviour	Persistent and significant substance misuse
	Sexual Activity	Sexual activity/ behaviour appropriate to age	Sexual activity under 16 years old	'Unsafe'/inappropriate sexual behaviour/risk of CSE	'Unsafe'/inappropriate sexual behaviour/risk of CSE

Education and Learning	**Performance**	Achieving key stages and full potential	Not reaching expected levels of attainment	Very poor levels of attainment	Extremely poor levels of attainment
	Attendance	Good attendance at nursery/school/college/ training	Regularly unpunctual for school/ occasional truanting and significant absences	Short-term exclusion, persistent truanting or poor school attendance	Permanently excluded from school or at risk of permanent exclusion
		Level 1 – Universal	**Level 2 – Vulnerable**	**Level 3 – Complex**	**Level 4 – Acute**
	Behaviour	Demonstrates a range of skills/interests, with no barriers to learning	Escalating behaviour leading to a risk of exclusion, with frequent moves between schools	Alienates self from school and peers through extremes of behaviour	No relationship with school peers due to non-attendance
	Family links with school	Sound home/school link	Needs additional support in school. There may be an identified language issues and a lack of socialisation	No, or acrimonious home/school links	Significant developmental delay due to neglect/ poor parenting
	Post education path	Planned progression beyond statutory education	No participation in education, employment or training post 16	Persistent Not in Education, Employment or Training (NEET)	Persistent Not in Education, Employment or Training (NEET) and involved in serious crime/negative activity
Emotional and Behavioural Development	**Relationships**	Good quality early attachment	Low level mental health or emotional issues requiring intervention	Alienates self from school and peers through extremes of behaviour	Puts self or others in danger/ including risk taking behaviour/ self-harm
	Emotional wellbeing	Growing levels of competencies in practical and emotional skills	Is withdrawn/unwilling to engage	Difficulty coping with emotions/unable to display empathy	Significant emotional/psychological problems as a result of neglect/ poor parenting
	Development	Confident in social situations and has age appropriate knowledge of the difference	Development is compromised by parenting	Development is significantly hindered by parenting	No signs of development due to poor parenting
	Social Behaviour	Able to adapt to change and demonstrate empathy	Involved in behaviour that is seen as anti-social or has poor self esteem	Behaviour is sufficiently extreme toplace them at risk of removal from home e.g. offending/prosecution offences	Failure or rejection to address serious reoffending and anti-social behaviour
Identity	**Self-worth**	Demonstrates feelings of belonging and acceptance	Some insecurities around identity/ low self esteem	Subject to persistent discrimination	Poor self-worth that results in extreme behaviours towards themselves and others
	Role Models	Positive sense of self and abilities	Lack of positive role models	Is socially isolated and lacks appropriate role models	Socially isolated and has inappropriate role models
	Values	Has an ability to express needs verbally and non-verbally	May experience bullying around perceived difference or could be a victim of crime.	Self-image is distorted and may demonstrate fear of persecution. May hold extremist view that place self or others at risk	Participates in gang activity/ involved with serious or organised crime. Also, demonstrating extremist views
Family and	**Family relationship**	Stable and affectionate relationships with caregivers	Some support from family and friends	Relationship with family is negative, critical or rejecting. Family no longer wantto care for the child oris experiencing an unmanageable crisis.	Family have abandoned the child or the child is subject to physical, emotional or sexual abuse/neglect. Alternatively the child may already be in care

Social Relationships	**Caring roles**	No care responsibilities	Undertaking some caring responsibilities	Regularly caring for another family member	Is the main carer for a family member
	Social relationships	Positive relationship peers	Some difficulties sustaining relationships	Persistent exposure to violent behaviours within the home, whichis affecting the ability to build relationships	Violence is common place or unaccompaniedasylum seeking child/ young person or forced marriage of a child
		Level 1 – Universal	**Level 2 – Vulnerable**	**Level 3 – Complex**	**Level 4 – Acute**
Self-Care Skills	**Social Presentation**	Appropriate dress for different settings skills	Not always adequate self-care	Absence of or poor self-care skills	Absence/neglect of self-care skills due to other priorities such as substance misuse
	Hygiene	Good levels of self-care/personal hygiene	Personal hygiene is becoming problematic	Appearance reflects poor care and hygiene related health issues	Takes inappropriate risks in self-care
	Independent living skills	Age-appropriate independent living	Slow to develop age appropriate self-care skills	Persistent presentation in unwashed/unsuitable clothing despite advice and support being offered	Severe lack of age appropriate behaviour and independent living skills
Parents and Carers					
Basic Care	**Basic Care**	Child's physical needs are met	Basic care not consistently provided e.g. non-treatment of minor health problems	Child or young person receives erratic and inconsistent care	Parent/carers are unable to provide consistent parenting that is adequate and safe. Parents may have seriously abused/ neglected the child
	Safety Provided	Carers are able to protect children from danger or harm	Parents struggle without support or adequate resources e.g. as a result of mental/learning disabilities	Levels of supervision do not provide sufficient protection fora child	Parents do not recognise or accept danger and protect child/young person fromharm
	Health	No significant health concerns	Parent or carer may be experiencing difficulties due to mental or physical health difficulties	Parents have history of struggling to care for a child or have significant disability and drug use which impedes parenting	Parents own learning disability/mental health/substance misuse significantly affects their ability to provide adequate and safe care
Emotional Warmth	**Development**	The child is shown warm regard, praise and encouragement	Inconsistent parenting but development not significantly impaired	Child/ young person has multiple carers butno significant relationship with any of them	Parents/carers inconsistent, highly critical and negative towards the child/young person
	Security	The child has a secure relationship which provides consistency	Child/ young person perceived to be a problem by parents or carers experiencing criticism	Child/young person receives little support and is frequently criticised	Child/young person is rejected or abandoned and carers persistent hostility leads to their isolation.
Guidance Boundaries and Stimulation	**Guidance and Boundaries**	Guidance and boundaries are given that develops appropriate model of value, behaviour and conscience.	Parent/carer offers inconsistent boundaries and the child may experiencea range of carers	Parents struggle to set boundaries and act as good role models. Child's behaviour may be out of control	There are no effective boundaries set by parents and the child regularly demonstrates anti-social behaviour
	Stimulation	Carers support development through interaction and play to facilitate cognitive development	Child may behave in an anti-social way, spend significant time alone, struggle to havetheir emotional needs met which has an impact on development	Parenting impairing emotional or appropriate behavioural development of child or young person	Child and young personis beyond parental control and a parental order is in place.

Family and Environmental Factors					
Family History and Function	**Relationships**	Good supportive relationship within family (including with separated parents and in times of crisis)	Child or young person's relationship with family members isnot always stable. Parents have relationship difficulties which affect the child	Family characterised by conflict and serious chronic relationship problems. Children or young person is subject to Kinship Care arrangements. Parents involved in either crime, substance abuse, DV or mental ill health	Family life is chaotic and there is significant and persistent parental discord/abuse with complex physical and mental health needs with re-occurring and frequent attendances bythe police
		Level 1 – Universal	**Level 2 – Vulnerable**	**Level 3 – Complex**	**Level 4 – Acute**
	Understanding of Family	Good sense of family	Child often not exposed to new experiences, with limited support in general from family and friends	Persistent expectation on child to care for other household members which impacts on the child's development	Child and young person are being cared for under private fostering arrangement. Parents are deceased or in prison and there are no family/friends to care for the child
Housing, Employment and Finance	**Accommodation**	Accommodation has basic amenities and appropriate facilities	Inadequate/ poor housing	Statutorily overcrowded/ temporary accommodation/ family are homeless	Accommodation places child/young person in danger/ at risk of harm
	Home Maintenance	Appropriate levels of hygiene and cleanliness are maintained	At risk of homelessness, with some additional needs	Home in poor state of repair, deemed unfit for habitation	No fixed abode/homelessness
	Income	Families affected by low income or unemployment	Parents find it difficult to find employment due to basic skills or long term difficulties	Serious debts/poverty impacting on ability to care for the child/young person	Extreme poverty and debt impacting on abilityto care for young person. Needs of child not prioritised over adults.
Family's Social Integration	**Family and Friends**	The family have social and friendship networks	Family is socially isolated with limited extended family support	Family is socially isolated/excluded and has poor relationships with extended family	Family are socially chronically excluded
	Victimisation	Not affected by victimisation	Victimisation by others impact on child	Victimisation by others places child and familyat risk	Victimisation by others places the child/young person at risk of significant harm
Community Resources	**Access to Services**	Appropriate access to universal and community resources	Adequate access to universal and community resources but family may struggle to gain access	Parents/carers do not access or there is poor access to local facilities and targeted services to meet need.	Substantial multiple problems preventing the family/young person from engaging with services.
	Community	Community is generally supportive- positive activities are available	Community is characterised by negativity	Lack of community support or tolerance or hostility towards the child, young person or family.	No community support

MASHING CRITERIA

1. All Domestic Violence referrals where the police are not the referrer and additional information is required to determine the threshold and where Barnardos risk matrix is serious level 2 and 3
2. All referrals where there are a combination of the Toxic Trio: Mental Health, drug/alcohol and domestic violence
3. Child or Adult with significant mental illness (self-harming, psychosis, depression, etc.) subject to parental consent where appropriate
4. Contacts that evidences a young person involved with gangs or being exploited by gangs
5. Frequent referrals of parental criminality (3 or more in a 6 month period)
6. Frequent referrals raising concerns of acute/chronic neglect (3 or more referrals in a 6 month period)
7. Children / YP at risk of sexual or other criminal exploitation e.g. county lines / modern day slavery (CSE Police Category 2 and 3)
8. Suspicions or allegations of Fabricated Illness
9. PREVENT Referrals / Radicalisation Referrals
10. Modern Day Slavery Referrals / trafficking
11. Serious and Organised Crime
12. Class A parental substance misuse
13. Minor concerns about a child on a repeat basis (three contacts)
14. Referral regarding a child found begging
15. Female Genital Mutilation (FGM) or faith based abuse e.g. breast flattening
16. Repeat missing person
17. Children under the age of 16 who are pregnant
18. All other referrals deemed appropriate by MASH Managers

DOMESTIC VIOLENCE PATHWAY

When a Domestic Violence (DV) referral/merlin is received. The MASH Manager to recommended threshold below.

Check Protocol to see if family are known. Information shared internally and with partner agencies. Refer to Barnardos risk assessment matrix

Level 1

Generally, no further action to be taken. Case to close with DV letter sent to the family advising of referral received and supplying information of support services they can access.

At any of these threshold stages the manager may decide further information is required. A SW will be asked to complete further MASH checks under the Havering MASH Criteria guidelines to gather further information and decide overall threshold. Safe Lives Dash risk checklist to be completed.

Level 2

Referral to EH, with recommendation to Women's Aid

If an elevated risk is identified, case to go back to MASH Manager to progress at Level 3 or 4.

Level 3

Referral to Assessment for Child and Family Assessment.

Level 4

Referral to Assessment for Strategy Discussion and Child and Family Assessment.

If an elevated risk is identified, case to be stepped up to MASH for level 3 or 4.

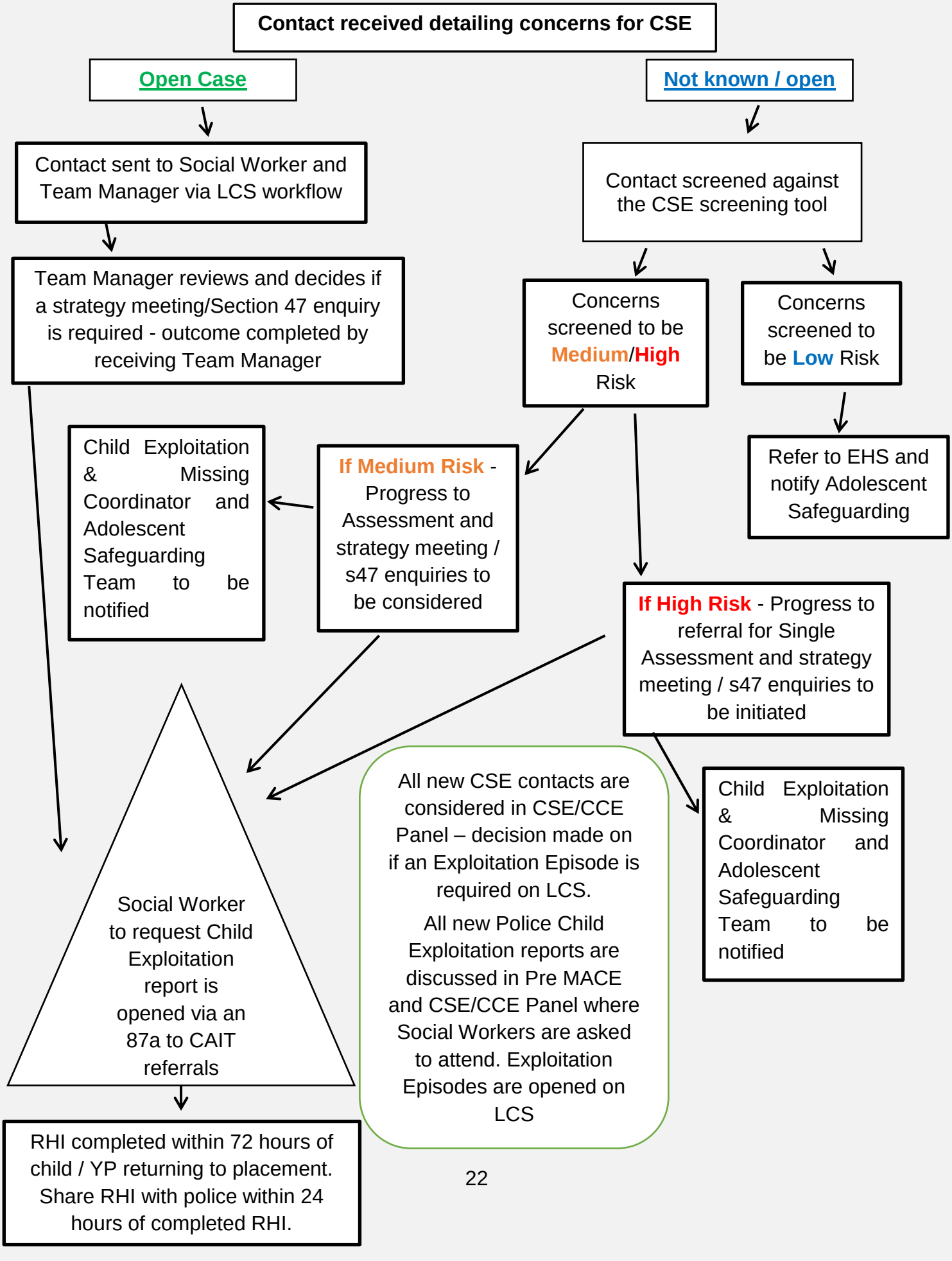
Consideration for MARAC

MARAC is to reduce the risk of serious harm for a domestic abuse victim and to increase the safety, health and well-being of other victims, both adults and children. A referral can be made to MARAC panel following completion of the Safe Lives Dash Risk checklist. Should a victim score 14 or more referral required, *however referrals can also be made based on professional judgement even if score is lower.*

Following Child and Family Assessment, these are the subsequent potential outcomes

- No Further Action
- Step down to Early Help
- Children in Need (CIN)
- Child Protection (CP)

CHILD SEXUAL EXPLOITATION (CSE) PROCESS CHART



HAVERING CHILD SEXUAL EXPLOITATION SCREENING THRESHOLD TABLE

This threshold tool has been developed for the purpose of screening child sexual exploitation cases and is based upon the London Child Exploitation Operating Protocol (April 2021) and the London Child Protection Procedures Safeguarding Children from Sexual Exploitation (6th Edition, 2020).

Please note the table operates an escalation process therefore risk factors in low risk, will also be evident in medium risk and low and medium risk in high risk. This framework needs to be used flexibly to take account of each child's individual circumstances and consider these holistically.

This tool is to enable MASH staff to assess a child's level of risk of CSE in a quick and consistent manner. It can be applied to all children, male and female, under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex and even if the sexual activity appears consensual. It is important that such abuse is not overlooked due to assumed capacity to consent.

Sexual exploitation is a form of Modern Day Slavery and can have links to other types of crimes. These include but are not restricted to Child trafficking; Domestic abuse; Sexual violence in intimate relationships; Grooming (including online grooming); indecent images of children and their distribution; Drugs-related offences; Gang-related activity; Immigration-related offences; Domestic servitude.

CATEGORY OF RISK	DESCRIPTIONS OF RISK	OUTCOMES
Low Risk. A vulnerable child who is at risk of sexual exploitation.	• 1-2 episodes of missing from home/care or regularly coming home/to placement late • Absent from school • Youth produced sexual imagery. • Meeting unknown people through social media/internet • Low self-esteem / self-confidence / poor self-image • Difficulty maintaining friendships/reduced	• Threshold met for a child with additional needs. • Single agency response. • Consider Early Help Intervention • Alert child to the Adolescent Safeguarding Team • Details of the contact will be raised in the next CSE/CCE Panel.

	contact with family or friends • Learning difficulties. • Mental health concerns. • Confusion relating to sexual and/or gender orientation. • Boyfriend/girlfriend known to services • Associating with other sexually exploited / missing children	
Medium Risk. A vulnerable child, where there are concerns they are being targeted and groomed and where any of the CSE warning signs have been identified. However, at this stage there is no evidence of any offences or CSE.	The above plus indicators including: • Regularly missing/frequently staying out overnight without permission. • Increasingly secretive • Access to premises unknown to parent/carer • Receipt of Unexplained Gifts or Money. • Alcohol and/or Drug Misuse (new or increasing). • Changes in behaviour i.e. violent/emotional outbursts and/or threatening behaviour • Involvement in crime or increase in offending. • Non school attender/risk of exclusion due to behaviours exhibited • Affiliated with gang members or people known to SYV Panel/known to be in a relationship with a suspected gang member. • Extensive use of mobile phone / secretive about use / have more than 1 phone • Evidence of sexually transmitted infections,	• Threshold met for Child in Need in Havering. • Multi Agency response required. • Child and Family Assessment to be completed and CSE risk assessment. • Alert to be sent to the Child Exploitation & Missing Coordinator where they will be raised in the next CSE/CCE Panel. • Alert child to the Adolescent Safeguarding Team • Consideration to be given to requesting a Police Child Exploitation report is generated and strategy meeting held

	pregnancy and termination. Inappropriate sexualised behaviour for their age. • Unexplained injuries or changes to physical appearance. • Thoughts of or attempts of self-harm and suicide. • Disclosures of physical/sexual assault which are then retracted. • Familial sexual abuse, physical abuse, emotional abuse, neglect, DV, parental mental ill health or substance misuse, parental criminality, homelessness, living in care. • Any behaviours indicating CSE of a child under the age of 13. • Linked to indecent images • 'relationship' with controlling individuals	
High Risk. Evidence or strong suspicion of a child being targeted for CSE including opportunistic or habitual abuse and where the likelihood of coercion and control is significant. This will be through the exchange of sex for drugs, perceived affection, sense of belonging, accommodation, money and goods etc. This will also include a	The above plus indicators including: • Persistently going missing • Distrust of authority figures. • Problematic substance misuse/ addiction. • Chronic/increased self harm and deterioration in mental and emotional well being • Gang involvement/affiliation. • Linked to areas/properties known for or suspected for county lines/'crack houses'	• Threshold met for Child Protection enquiries • Multi Agency response required. • Child and Family Assessment to be completed and CSE risk assessment. • Request to be made for a Police Child Exploitation report to be generated • Strategy meeting and Section 47 required. • Alert to be sent to the Child Exploitation & Missing Coordinator where they will be raised in the next CSE/CCE Panel.

child being sexually exploited through the use of technology and without the child receiving any reward i.e. the exchange of indecent images on line. The child's sexual exploitation is / can be self-denied and coercion / control is implicit. This can be carried out by multiple perpetrators.	• Children under 13 engaging in sexual activity with another over 15 years old (*n/b this is statutory rape*). • Older boyfriend (at least 5 years older). • Has limited or no appropriate/healthy relationships or connections • Clipping. • Child is forced or receives a reward to recruit others to being sexually exploited. • Child is coerced or forced to perform sexual acts on others or have others perform sexual acts on them. • Rape / Sexual Assault (including the making of disclosures and then retracting). • Seen being picked up/dropped off by unknown adults	• Alert child to the Adolescent Safeguarding Team

CRIMINAL EXPLOITATION MASH THRESHOLD MATRIX

This threshold tool has been developed for the purpose of screening Child Criminal Exploitation cases and is based upon the London Child Exploitation Operating Protocol (April 2021).

Child Criminal Exploitation is a form of Modern Day Slavery and can have links to other types of crimes. These include but are not restricted to Child trafficking; Domestic abuse; Grooming (including online grooming); indecent images of children and their distribution; Drugs-related offences; Gang-related activity; Immigration-related offences; Domestic servitude.

This tool is to enable MASH staff to assess a child's level of risk of CCE in a quick and consistent manner and is to be used to determine the referral threshold for Child Criminal Exploitation. It can be applied to all children, male and female, under the age of 18 years. It is important that such abuse is not overlooked due to assumed capacity to consent to any behaviours. Whilst considering the below factors please also consider the pull factors for children such as home circumstances. This includes children from neglectful homes and ones where family conflict and domestic abuse have shaped their world view. It also includes children where there is an absence of a primary or protective attachment figure.

Please note the table operates an escalation process therefore risk factors in low risk, will also be evident in medium risk and low and medium risk in high risk. This framework needs to be used flexibly to take account of each child's individual circumstances and consider these holistically.

Threshold	Evidence of CCE	Havering Response
Level 1-2 Emerging risk	Carrying a knife in school / on street Victim of bullying / crime Possession of Class B drugs Experimenting with cannabis and or alcohol Starting to come home late or episodes of missing from home Recent change in peer group / late night social media usage	This is a child who is vulnerable and may have additional needs. For all Low risk children , a notification must be sent to the Adolescent Safeguarding team for tracking purposes

	Attendance or behavioural concerns at school Low self-esteem / self-harm Difficulty managing peer relationships Coming to police notice for theft under £500	
Level 3 Moderate risk	Child in receipt of gifts, trainers, money, drugs. Frequent episodes and periods of going missing Regular or increased use of drugs / substances Irregular school attendance, taunting, loss of interest in education Violent or emotional outbursts Victim of violence Arrested by police for possession of drugs / carrying an offensive weapon Repeat incidents of theft of high value items or first offence totalling over £500 Evidence of bank transfers, money laundering via young person's bank account Associating / 'hanging out' with over 25-year olds	The child is experiencing extra family harm which is placing their safety and wellbeing at risk. Adolescent Safeguarding team must be informed. The team can provide a case overview/consultation. A member of contextual safeguarding team will be available to attend multi agency meeting Child and Family Assessment
Level 4 Significant risk	Possession and supply of Class A drugs Coercion to supply, transport or deal drugs County Lines involvement Organised theft to the value of over £1000 Blood in child's underwear indicating drugs carried in vagina / anus or sexual assault Trafficking Violence / intimidation	There is concern extra familiar harm is placing the child and others at risk immediate harm *Child and Family Assessment* *Strategy Discussion.* *Adolescent Safeguarding team must be informed of all high risk cases. The team will provide case overview/consultation and a member of*

	Persistent episodes and periods of going missing, missing longer than 24 hours and overnight Evidence of drug dependency Not in education / Breakdown of education placements Serious mental ill, health / suicidal ideation Frequent attendance at A and E / removal of ingested drugs Police detention / secure accommodation request /Arrested for possession of large quantities of Class A drugs On police gangs matrix / gang nominal Indicators parents are also being exploited or the family home has been cuckooed Residing in the same household as an immediate family member who is arrested for a serious offence such as murder, trafficking, organised crime, weapons and large quantities of class A drugs. Those with media interest require a NTK	*adolescent safeguarding team can contribute to the assessment.* *A Member of contextual safeguarding team will be available to attend any multi agency meetings*

PROTOCOL FOR PRE BIRTH CASES

1. **Cases transferring directly to ISS from MASH – pre-birth –**

There are a number of pre-birth assessment cases that due to the poor prognosis would best be dealt with by ISS in order to minimise multiple workers and promote streamlined planning.

1. These are cases where there is more than a 75% chance of the case progressing to either **Pre or Legal proceedings.**
2. A **Havering** Care Leaver where there are concerns re parenting which is likely to require ISS intervention at CP level (**care leavers from other boroughs are not included in this cohort unless they meet 75% prognosis**)

Cases that are likely to meet this threshold are:

1. History of previous children being removed by LB Havering
2. Recent history (within the last 18 months) of previous children being removed by other LA's

Process for transferring

Once MASH have identified a case that meets the above there is to be a **face to face discussion** between MASH manager/ Group manager and Group Manager from ISS either on the day or at the weekly transfer meeting.

Cases are not to be transferred to the ISS inbox without there being discussion and agreement given

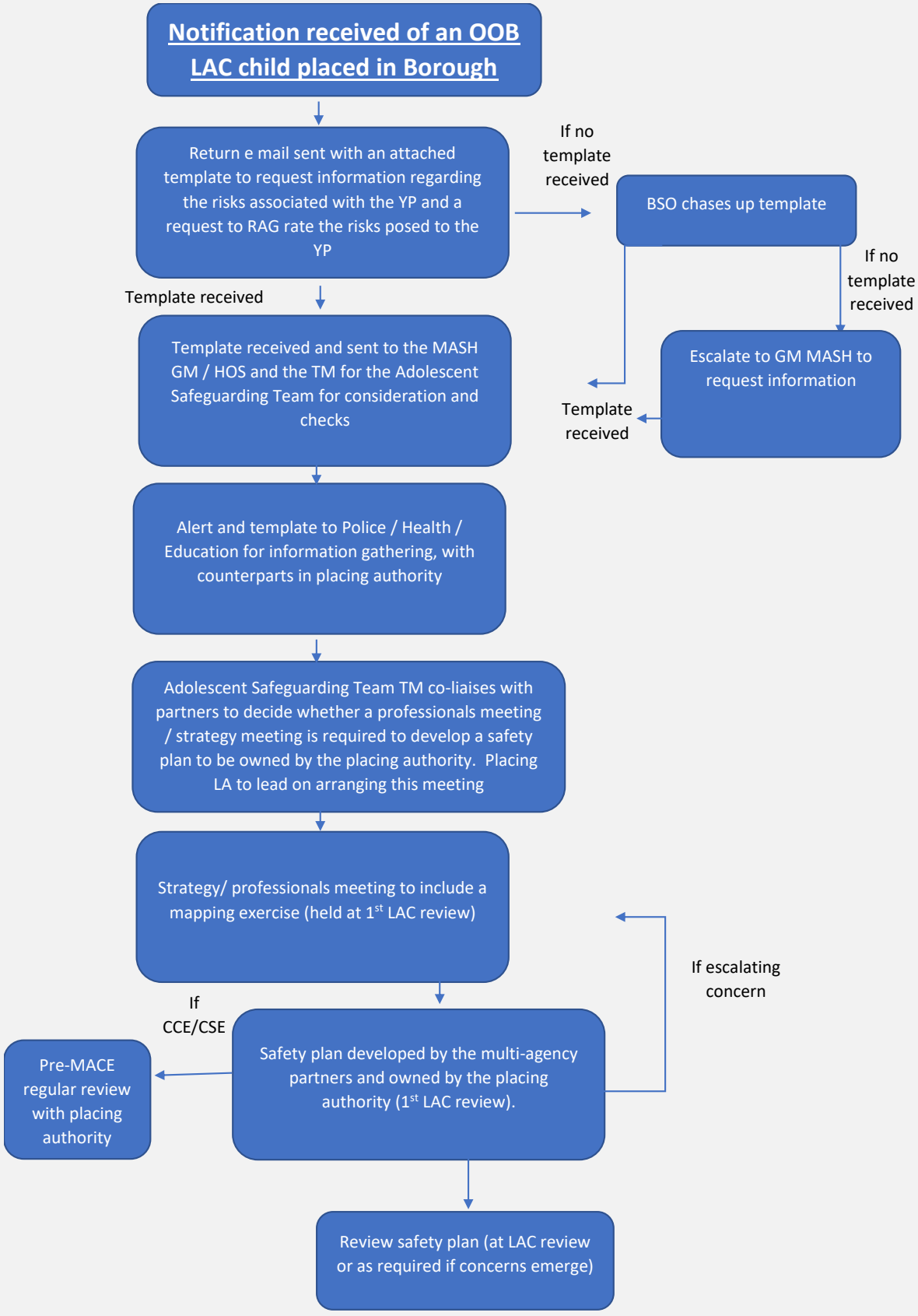
1. Should the EDD be within 12 weeks then there will be a discussion as to which service has capacity if a quick response is needed.
2. There will need to be flexibility should ISS not be able to allocate immediately due to high demand
3. In the event there is a difference of opinion between the GM in MASH and ISS then this will be escalated to the HOS in ISS and MASH/ assessment

3. **All other pre-birth cases**

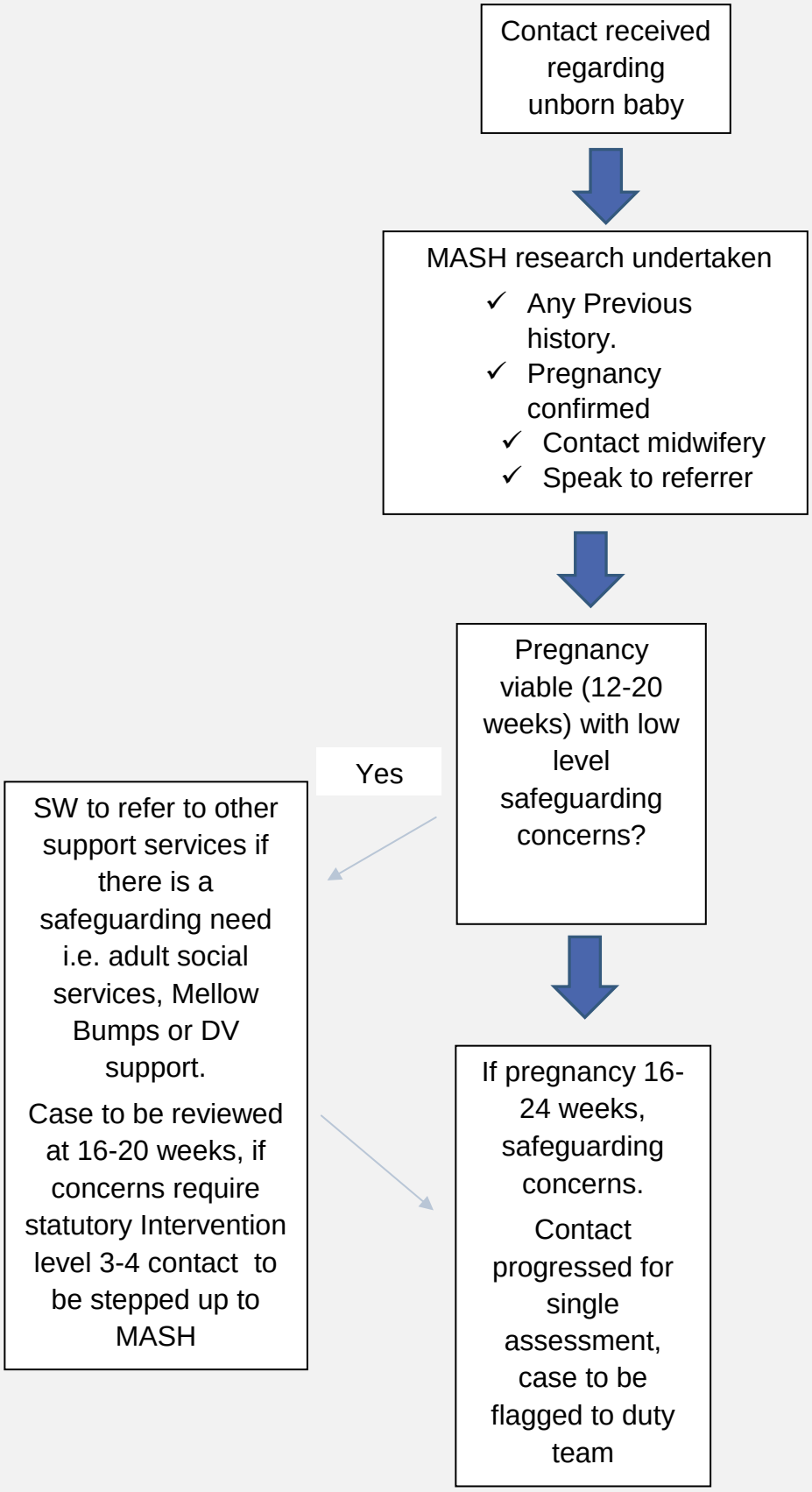
Pre Birth cases not meeting the above criteria will remain in the assessment service until transferred to ISS at initial pre-birth conference / multi agency CIN meeting – 10 weeks prior to EDD.

In principle cases will transfer approx. 10 weeks prior to EDD once a decision has been made regarding CIN/CP plan following full assessment.

LAC OUT OF BOROUGH



PROCESS FLOW CHART FOR UNBORN SAFETY



CHILD IN CUSTODY WORKFLOW

EMAIL | MERLIN | PHONE | OTHER

MASH receives notification of child in custody

LBH Child

CLAE

OPEN:

Alert the social worker and manager via telephone and follow up by email, ensuring all is documented on case notes. **Advise them child must be visited.**

NOT OPEN

1. Contact custody confirm when he/she was arrested
2. Is there an Appropriate Adult?
3. What has he/she been arrested for?
4. What is the plan for him/her?

Contact Custody and advise them of the responsible borough.

Alert the responsible borough forwarding the notification and following up with a telephone call to their MASH

If it is outside of London we may need to undertake visit under PACE.

BAILED OR RELEASED

Create contact and screen as normal

BAIL NOT DECIDED OR REMANDED—VISIT REQUIRED

Progress to Assessment Duty Team for visit to child in custody—alert assessment Team Manager verbally

REQUEST FOR SECURE ACCOMMODATION Threshold is high; child must be 12+ and one of the following: 1) Pose serious risk of harm to the public before due to appear in court 2) The child has a history of absconding and is likely to abscond from any other accommodation and if they abscond would suffer significant harm. 3) If kept in any other accommodation they are likely to injure themselves or other persons.

Any disagreement between police and social care needs clear write up and escalation. Social care should escalate to Group Manager and then Head of Service if still not resolved. Police escalate to Sgt, then Inspector.

REQUEST FOR NON- SECURE ACCOMMODATION Social Care should confirm the reasons for the refusal of bail and understand the reasons why conditional bail is not possible. This all needs clear recording on file. It should also inform the decision as to what type of accommodation is suitable. It is social care who determines what "suitable" accommodation is. The family network should always be considered and explored first.

Also refer to Concordat of Children in Custody for guidance.

WALK INS

DOMESTIC VIOLENCE:

Complete the Safe Lives DASH MARAC risk assessment tool to assess the risk. If this has not been reported to the police, we need to take the victim to Romford Police Station to support them in making a report to the police. Consider living arrangements; are they safe to return home, do we need to consider a refuge / present at the housing office under the DV rule.

HOUSING:

If a client presents as homeless, MASH SW to undertake an assessment. If it is imminent we need to progress to a single assessment.

NRTPF:

If a client presents with NRTPF, please ascertain if they are being supported by UKBA if they have made an application at the Home Office for immigration status. If they have housing / financial support consider additional referral to early intervention. If not, and the family have no housing / finance and are in crisis; inform the duty team as cases need to be progressed for single assessment.

BENEFITS:

If a client presents with benefit problems we need to get the details of these and any immediate financial difficulties; consideration is to be given if we can refer straight to early intervention for advocacy support.

NO FOOD / GAS / ELECTRIC:

If the family present as having no money and are in crisis; a request is to be made for bank statements to assess their current financial circumstances. The offer of food bank vouchers can be made. Section 17 payments can also be paid where required but this means an assessment or early help referral will be required to assess the families ongoing financial situation.

REPORTING A CONCERN FOR A CHILD:

If someone comes in to report a concern about a child, ensure all the demographics including language and ethnicity are obtained. We will then need to load this on a contact and send to the MASH Team manager for a threshold decision.

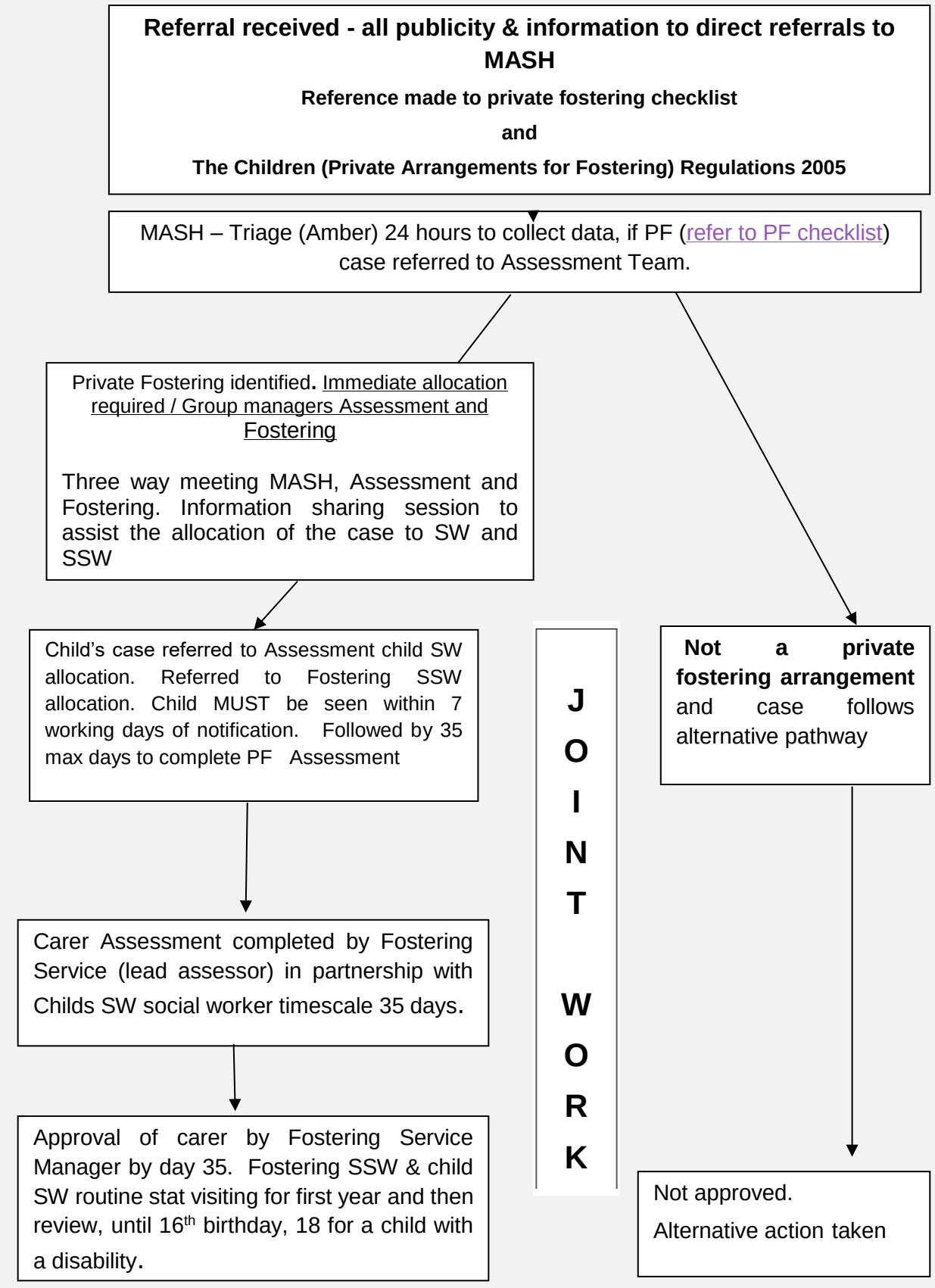
PARENTING STRUGGLES:

If a parent reports difficulty parenting their child or saying they can no longer cope, again we need to get as much information as possible to rate the threshold – has there been any violence from parent to child or from child to parent? Based on information gathered we will be considering a referral to Early Help or a single assessment.

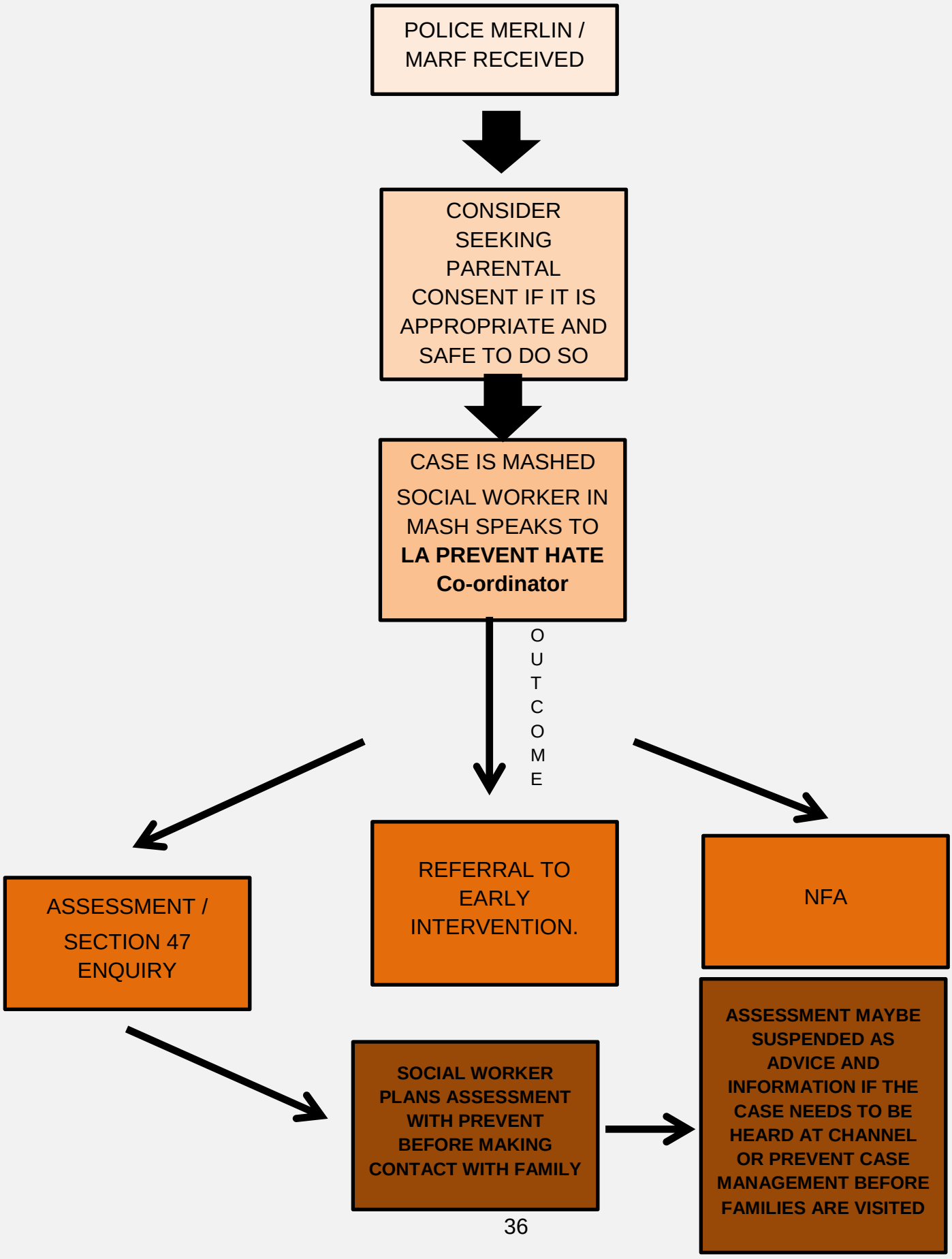
PRIVATE LAW ISSUES:

If a parent reports that the other parent has not allowed them contact with their child; we need to be clear this is a private law matter and signpost them to a family law solicitor.

PRIVATE FOSTERING



CHANNEL WORKFLOW



LB HAVERING CHILDREN'S SERVICES RISK ASSESSMENT TOOL FOR CHILDREN AT RISK OF RADICALISATION

Safeguarding children and young people from radicalisation is not dissimilar from safeguarding from other forms of harm. The table below highlights behaviours and vulnerabilities which can be categorised in terms of levels and indicators of risk. The table needs to be used flexibly to take account of each child's individual circumstances. The indicators are not exhaustive and a combination of factors in the low or medium categories may escalate risk. (Please also refer to the **tool for you to assess an individual's vulnerabilities to potential radicalisation.**

RISK CATEGORY	INDICATORS OF RISK	OUTCOMES
Critical	Encourages, justifies or glorifies terrorist violence to further particular beliefs. Seeks to provoke others to undertake terrorist acts. Encourages other serious criminal activity or seeks to provoke others to serious criminal acts. Fosters hate which might lead to inter-community violence in the UK. Possessing / accessing violent extremist literature.	Deemed Level 4 on the Havering Threshold Table. Joint Section 47 enquiry police and social services visit to child or young person. Police investigation required under 'Pursue' agenda. Immediate discussion with Prevent co-ordinator.
High	Being in contact with extremist recruiters. Accessing violent extremist websites, especially those with a social networking element. Using extremist narratives and a global ideology to explain personal disadvantage. Justifying the use of violence to solve societal issues. Joining /seeking to join extremist organisations. Lives with or is in direct contact with known terrorists.	Deemed Level 4 on the Havering Threshold Table. Joint Section 47 enquiry police and social services visit to child or young person. Immediate discussion with Prevent co-ordinator. Case to be presented at the Channel Panel.

RISK CATEGORY	INDICATORS OF RISK	OUTCOMES
		Police to consider if MAPPA processes apply.
Medium	Criminality: involvement with criminal groups, imprisonment and poor resettlement and reintegration. Personal crisis: the young person is experiencing family tensions, isolation, and low self-esteem. They may have dissociated from their existing friendship group and become involved with a new and different group of friends. They may be searching for answers to questions about identity, faith and belonging.	Deemed Level 3 on the Havering Threshold Table. Child and Family Assessment required. Early discussion with **Prevent and Hate Co-ordinator. (Emily Knight)** Case to be presented at the Channel Panel.
Low	**Identity crisis**: the young person is distanced from their cultural / religious heritage and experiences discomfort about their place in society. **Personal circumstances**: migration, local community tensions. May feel aggrieved by a personal experience of their country of origin, racism or discrimination or Government policy. **Unmet aspirations**: the young person may have perceptions of injustice, feelings of failure and rejection of civic life. **Special Educational Need (SEN)**: the young person may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others. Significant changes to appearance and/or behaviour.	Deemed Level 2 on the Havering Threshold Table. Targeted intervention via School CAF or support from the Early Intervention Service. Early discussion with Prevent co-ordinator. Consideration for case to be heard at the Case Management Panel. Explore mentoring for young person.

RISK CATEGORY	INDICATORS OF RISK	OUTCOMES
	MAC Counter Terrorism requests for information which highlight none of the above risk indicators.	Provision of social care information to MAC.

THRESHOLDS FOR ELIGIBILITY FOR INTERVENTION BY SPECIALIST CHILDREN WITH DISABILITIES SERVICE (CAD)

The following guidance is to be used in determining eligibility for intervention by the special Children with Disabilities Service (CAD).

Where a child's disability is permanent or long-term (lasting or expected to last for more than 1 year) and meets one of the criteria in the severe or profound category as outlined below and the presenting need is as a result of a disability. They can be accepted for intervention by the Social Care Team within CAD.

Dimension	Mild	Moderate	Severe	Profound
Overall	Child under 5 functioning slightly behind the level expected for age. Child over 5, some limitation present but able to function independently.	Child under 5 functioning around 2/3 the level of expected for age. Child over 5 where aids or assistance may be required to perform.	Child under 5 functioning around ½ the level expected for age. Child over 5 who is unable to perform tasks without aids or assistance most of the time.	Child under 5 requiring significantly greater care and attention because of the profound nature of health or learning condition. Significant failure to reach developmental milestones. Child over 5 completely dependent upon carer to perform tasks.
Mobility	Able to walk and function independently but with some limitation of function. Poor co-ordination.	Walks but only with aids or assistance. May have wheelchair for intermittent use.	Unable to walk. May be able to stand or transfer with support. Able to manoeuvre self at least some of the time.	Unable to walk. Wheelchair user. Totally dependent upon care for mobility.
Motor Skills	Some difficulties with play, writing or drawing e.g. tremor, unsteadiness, awkward release, lack of control.	Able to play, write, type or draw but only with considerable difficulty or needing assistance.	Mostly unable to use hands effectively but able to use switch systems e.g. toys, computer, communication aid.	Unable to operate even simple aids or switch systems.

Dimension	Mild	Moderate	Severe	Profound
Communication	Delayed language development only.	Delayed or disordered communication including language disorders causing significant difficulty in communicating outside the home. Speech supplemented by alternative method of communication, inability to use communication in a socially interactive manner.	None or very little communication used, but can communicate at least basic needs using any method.	Unable to communicate needs by any method. Unable to use communication aid.
Consciousness	Occasional daytime seizure up to one per month.	Some fits most weeks, day or night.	Many fits on most days or nights. Development or education adversely affected.	Comatose, intractable seizures in frequent succession.
Health	Known health condition, which is under control and only occasionally interfering with everyday activities in a minor way.	Intermittent but regular limitations of normal activities, including self-care and personal hygiene. May interfere with development or education.	Frequent or daily interruption of normal activities, including self-care and personal hygiene. Significant interference with normal development or education.	Unable to take part in any social or educational activities. Unable to manage any self-care or personal hygiene functions.
Vision	Severe or profound problem with one eye. Less than half visual field loss. Able to function independently.	Able to read print with simple aids or assistance. Defect of at least half visual field. May be eligible for registration as partially sighted.	Mobility restricted without special provision. Unable to read large print without intensive educational assistance or sophisticated aids. Severe visual field defect with impaired visual acuity. Eligible for registration as blind or partially sighted.	Mobility restricted without special provision. Requires education by non-sighted method. Eligible for registration as blind.

Dimension	Mild	Moderate	Severe	Profound
Hearing	Severe profound hearing loss in one ear. Hearing loss 20-40 dB.	Hearing loss 41 – 70 dB.	Hearing loss 71 – 95 dB	Hearing loss >95 dB.
Continence	Manages independently, without use of aids but with slight difficulty. Over 6 and regularly wets the bed.	11+ with regular night time wetting. 8+ with occasional day time wetting. 6+ and soils occasionally. Marked interference with social and emotional well-being.	Uses device to manage bladder and bowels. 8+ and wet every daytime. 6+ and soils regularly.	No control of either bowel or bladder. Child over 6 completely dependent upon carer to be clean and dry.
Personal Care	Can wish, dress and feed self but with slight difficulties.	Some supervision or assistance required to wash, dress and feed self.	Assistance required to wash, dress and feed self.	Over 5 and total care required. No assistance from the child.
Safety & Supervision	Requires occasional supervision beyond that expected for that age. Poor sense of danger or risk of excitability. .Shoe1	Needing supervision to perform daily activities. Limited perception of danger to self or others. Requires supervision significantly greater than that expected for developmental age.	Needs constant supervision during the day. Would place themselves or others at risk without supervision.	Needs constant supervision both day and night. No ability to perceive danger.
Learning Difficulty	Assessment shows abilities will achieve within 70 – 80% of the expected attainment for age.	Assessment shows abilities will achieve less than 70% or the expected attainment for age.	Assessment shows abilities will achieve less than 50% of the expected attainment for age.	Assessment shows abilities will achieve less than 35% of the expected attainment for age.

Dimension	Mild	Moderate	Severe	Profound
Behaviour & Social Integration	Some behaviour difficulties – mild, transient or frequent. Can be managed without special provision. Able to sustain limited peer relationships and social integration with support.	Behaviour problems severe or frequent enough to require some specialist advice or provision. Significant support required to achieve social integration. Only able to sustain peer relationships with support.	Long term behaviour difficulties, making it difficult for the child to function within their family or peer group most of the time, unless special provision is made. Total dependence upon carer for social integration. Very limited awareness of impact of behaviour upon others.	Long term behaviour difficulties, affecting all aspects of the child's functioning. Frequent behaviour that may be of risk to the child or carers. Complete isolation from peers and carers. No awareness of impact of behaviour upon others.

MASH COURT ORDERS FLOWCHART

MASH receives notification from court

New case

Court Invites LBH to become part of another LA's Care proceeding.

Children are created on LCS.

Work flow referral to Duty Team Manager in ISS.

Email court order to ISS Duty TM/GM/Court Proceedings Co-ordinator/Snr Lawyer in Legal Team.

Open case

Work flow referral to relevant service Team Manager

Email court order to relevant TM/GM/Court Proceedings Co-ordinator

Closed case

Request for S.7 Report

Work flow referral to Duty Team Manager in Assessment Team

Email court order to TM/GM/Court Proceedings Co-ordinator

Request for S.37 Report

Work flow referral to Duty Team Manager in ISS

Email court order to TM/GM/Court Proceedings Co-ordinator

Request for Information

Email court order to Information Request Children Team /Court proceedings Co-ordinator.

MASH PROCESS COURT ORDERS

New Cases

LBH invited to be made party to another LA's Care Proceeding.

A Contact should be created on LCS and the court order to be uploaded in documents to the child's record.

Work flow the referral to ISS duty Team Manager and Follow up with an email to ISS duty TM/Court Proceedings Co-ordinator/Group Manager ISS/Senior Lawyer Legal Team.

Open Cases

The MASH Manager should work flow the referral to the relevant service Team Manager and to follow up with an email to TM/GM/Court Proceedings Co-ordinator.

Closed Case

Request for s.7 Report

On receiving a request for a S.7 report. The contact should be created and the court order should be uploaded in documents. The MASH Manager should then work flow the referral to the Assessment Duty Team Manager and follow it up with an email to the Assessment duty Team Manager /Court Proceedings Co-ordinator/ Assessment Team Group Manager.

Request for s. 37

On receipt of s.37 request. Contact should be created on LCS and court order should be uploaded in documents. The referral should be work flow to ISS Duty Team Manager and should also be followed up with an email to ISS Duty Team Manager/Court Proceedings Co-ordinator/ISS Group Manager.

Information Request

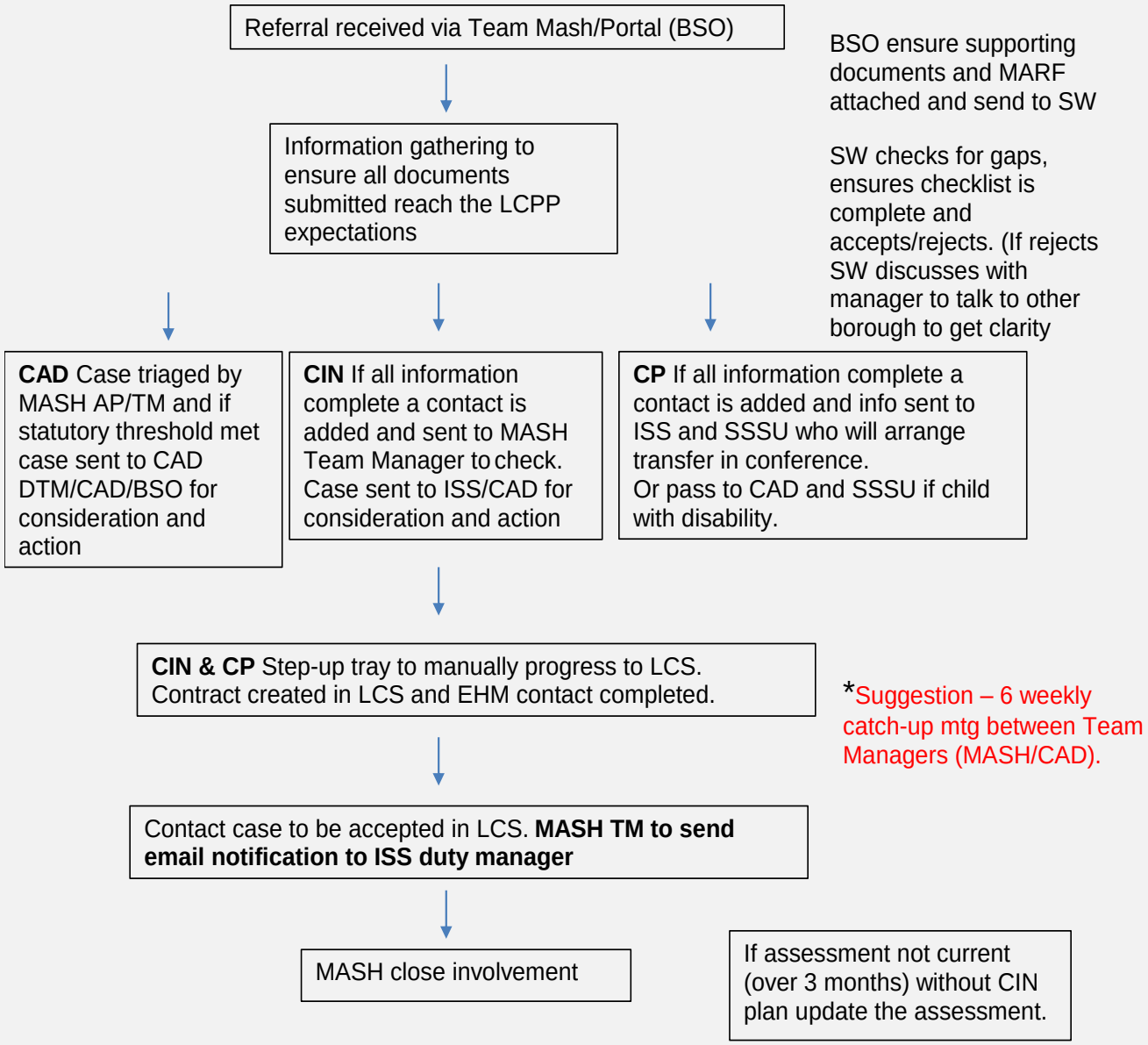
The Court directs LA to provide information on a child that LBH has had previous involvement. The court order to be sent to MASH Group Manager to review. The court order should be uploaded in documents.

MASH Manager to email court order to informationrequestchildren@havering.gov.uk and Court Proceedings Co-ordinator.

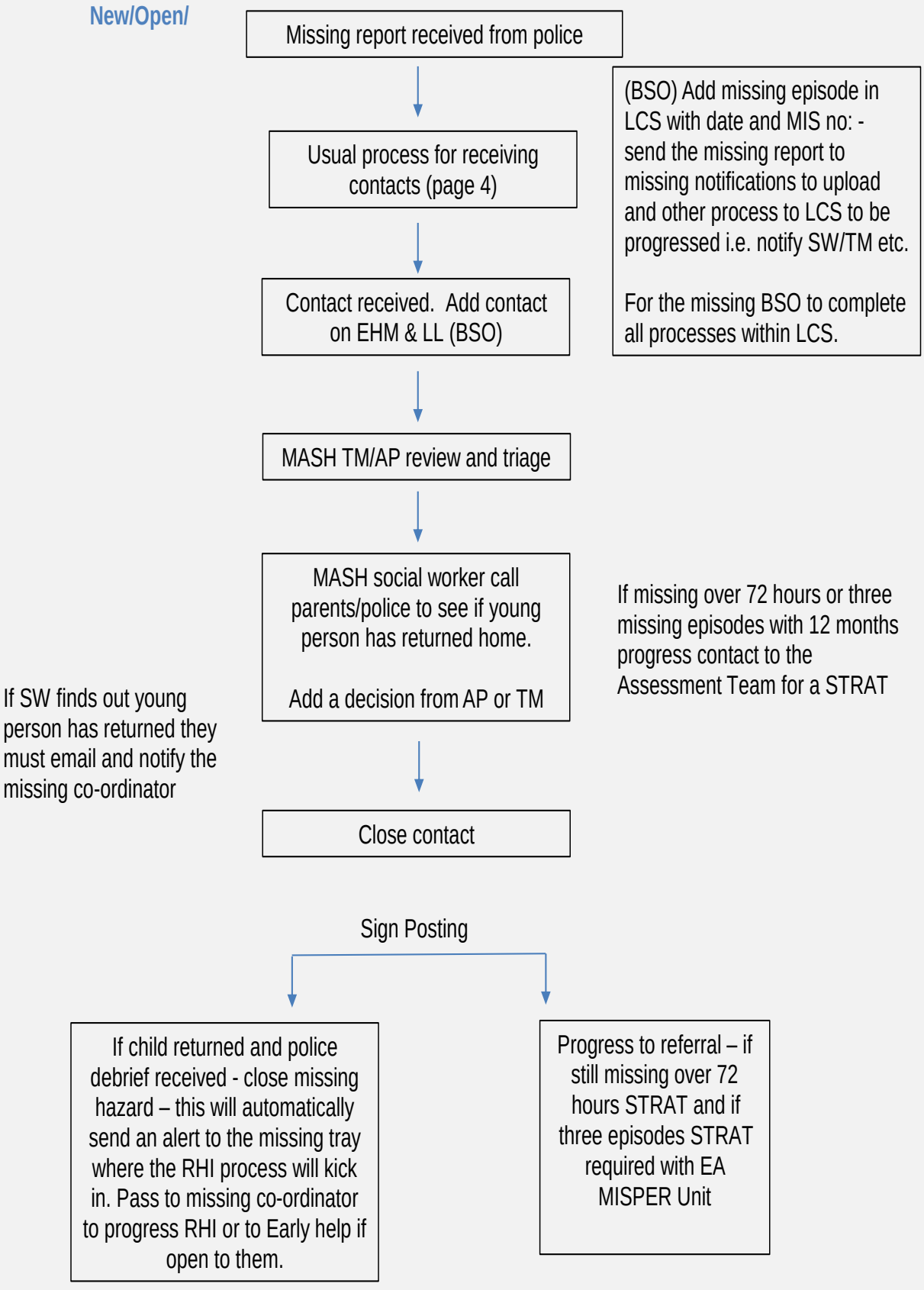
The Court Proceedings Co-ordinator will provide advice support to the Information Request Children Team on what documents court should be provided.

Information Request Children Team, will prepare and redact documents requested by the court. The documents to then be sent to the Court Proceedings Co-ordinator to have oversight of all the documents been sent to the court. On completion the documents should be forwarded to the MASH Team Manager who will send on to the court and close down the contact. The MASH manager to record in case notes the date the documents were sent to the court.

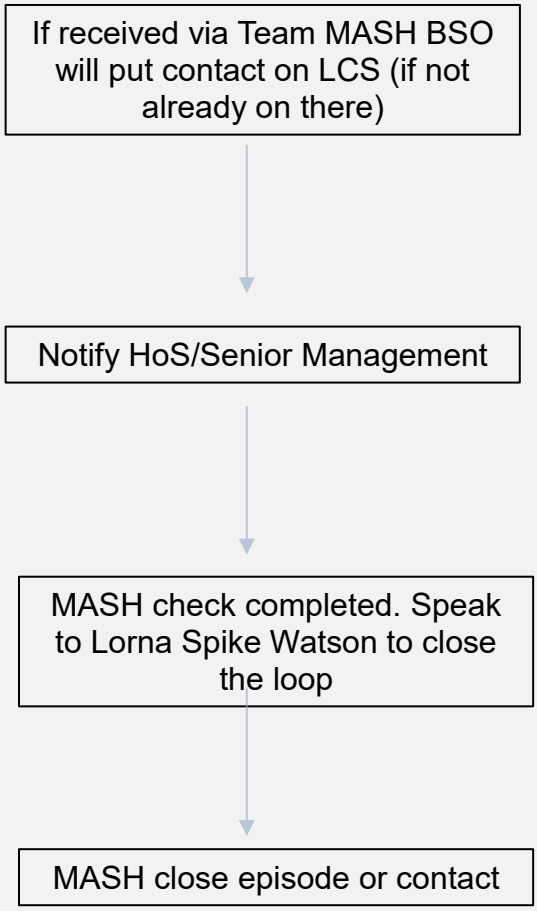
TRANSFER IN PROCESS CIN/CP (FROM ANOTHER BOROUGH)



MISSING PERSON PROCESS



NOTIFICATION OF CHILD DEATH (NOD)



MASH Expectation:

- Contact received via email
- Group Manager/HoS informed and senior managers.
- TM asks BSTL to do checks.
- Premature baby only check with Health unless harm suspected.
- Checks complete where they are open to a service ISS, Assessment and CAD. Then needs to go to relevant HoS if open case.
- Briefing to be completed for HoS

MASH LADO PROCESS

LADO referral received into MASH

↓

MASH TM triage referral and decide if a MASH SW should attend the LADO meeting (dependent on concerns and whether it is likely the case will progress for an assessment). If concerns and statutory threshold met case progresses to referral for assessment. If needed a STRAT will be arranged, chaired by the Assessment Team Manager with the LADO attending.

↓

Referral will be forwarded to lado@havering.gov.uk cc. lisa.kennedy@havering.gov.uk and the Assessment TM will attend once the meeting is arranged (LADO will arrange meeting and send the invite directly to the Assessment TM.

If Assessment TM **not** attending, referral to be forwarded to lado@havering.gov.uk cc. lisa.kennedy@havering.gov.uk

MASH will create contact but only with initials of professionals or adults involved will be recorded (no full names). Contact to be closed down with outcome of: Referred to LADO. Give feedback to LADO re MASH contacting parents for sign posting and no need for them to attend. Ensure contact created has minimal info and child's info is not included on adults contact and vice versa.

LADO will send across actions to the Assessment TM who attended and tmashing@havering.gov.uk. The actions will be uploaded onto LCS.

The final outcome of the LADO process will be sent to MASH SW and tmash@havering.gov.uk for uploading onto LCS.

MASH will upload any discussions/emails onto case notes to reflect accountability and actions.

HOMELESS/HOUSING PROCESS

RAG AMBER

Referral received from homeless team re evicted (56 day period) or Homeless family present in the PASC

↓

Contact opened on EHM (BSO)

MASH SW checks as appropriate and consultation with housing officer and joint assessment to be completed at the front door

↓

Step it up to Assessment Team if there is a statutory duty

↓

MASH need clear understanding and detail.

Then with all information goes to assessment.

Close working with housing

USEFUL INFORMATION

Barnardos DV Risk Assessment

DASH Risk check list guidance

Criteria for a MARRAC referral

Concordat on Children in Custody

OOB Risk Assessment Template

MASH Threshold Document

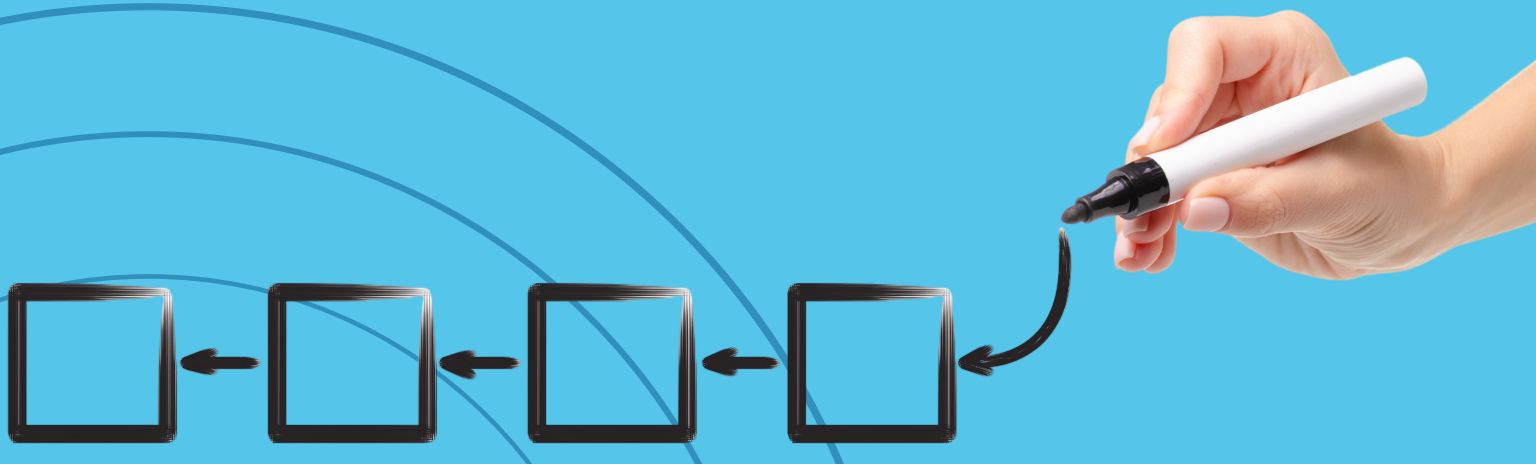
Threshold Document Continuum of help and support

CAADA young person 13-17yrs Risk Assessment

Brook Traffic Light Tool (2019)

Tool to assess an individual's vulnerabilities to potential radicalisation

2021



Havering
LONDON BOROUGH