

First Contact Team (MASH) Operating Procedures

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Accessibility

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Table of Contents

[1 Introduction 2](#_Toc161742372)

[2 Contact Details for Safeguarding Concerns 2](#_Toc161742373)

[3 Information Sharing and Consent 2](#_Toc161742374)

[3.1 Information Sharing 2](#_Toc161742375)

[3.2 Consent 2](#_Toc161742376)

[4 “Safeguarding is Everyone’s Responsibility” - expectations of partner agencies 3](#_Toc161742377)

[5 How to Respond to Contacts 3](#_Toc161742378)

[5.1 A Professional Consultation 3](#_Toc161742379)

[5.2 Online Referrals: Requests for Support from Children’s Social Care 4](#_Toc161742380)

[5.3 If the contact is allocated to a MASH worker 5](#_Toc161742381)

[5.4 Joint Decision Making 5](#_Toc161742382)

[5.5 Threshold is met for a Strategy Meeting 5](#_Toc161742383)

[5.6 Contacts about an unborn baby 6](#_Toc161742384)

[5.7 Confidential MASH 6](#_Toc161742385)

[5.8 Online Referrals: Requests for Early Help Support 7](#_Toc161742386)

[5.9 Request for Occupational Therapy Support 7](#_Toc161742387)

[5.10 Telephone Referrals 8](#_Toc161742388)

[5.11 Transfer in CIN and CP 8](#_Toc161742389)

[5.12 Referrals for children looked after by other LAs 10](#_Toc161742390)

[5.13 Disability Triaging Guidance 10](#_Toc161742391)

[5.14 Notification or Child with a Visual Impairment. 10](#_Toc161742392)

[5.15 Children who Run Away and are Missing from Home 11](#_Toc161742393)

[6 Stepping up and stepping down within the First Contact Team 11](#_Toc161742394)

[7 Feedback to Referrers 11](#_Toc161742395)

[8 Disagreements and Escalation 11](#_Toc161742396)

# Introduction

These procedures are intended for use by all staff working in the Mult-Agency Safeguarding Hub (MASH) including those using the confidential MASH process. They should be used in conjunction with the policies and procedures on the Safeguarding Children’s Partnership website and Children's Social Care policies held on TriX especially the Safeguarding Board Partnership Threshold Document available here [BF Children's Threshold Guidance 2023 (bracknellforestsafeguarding.org.uk)](https://bracknellforestsafeguarding.org.uk/assets/1/bf_children_s_threshold_guidance_2023.pdf)

# Contact Details for Safeguarding Concerns

Within local authorities, Children’s Social Care should act as the principal point of contact for safeguarding concerns relating to children. In Bracknell Forest Children’s Social Care, this designated point of contact is the MASH. As well as available protocols and training for practitioners working with children and families, the remit of the MASH and our contact details are signposted clearly in service settings for children and families and published online. This is so that children, parents and other family members are aware of who they can contact if they wish to make a referral to Targeted Early Help, Children’s Social Care or report a Child Protection concern.

# Information Sharing and Consent

## Information Sharing

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. An Information Sharing Agreement is in place between all the key agencies involved in the MASH process.

Practitioners must also have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

<https://doris.bracknell-forest.gov.uk/page/general-data-protection-regulation-gdpr-0>

## Consent

It is good practice for consent to be sought from families before making a referral to the MASH, especially where children are safe but safeguarding concerns are emerging or there are indicators of need at Tier 3. All referrals made by professionals, requiring a Targeted Early Help response (Tier 2) will need the consent of the family.

If a referrer has concerns that a child has experienced abuse, neglect or exploitation, or likely to do so, then they have a duty to refer their concerns to the MASH, regardless of whether consent is provided. In these situations, we expect that referrers will inform parents / carers of the referral, unless it would be unsafe to do so.

# “Safeguarding is Everyone’s Responsibility” - expectations of partner agencies

Working Together to Safeguarding Children 2023 sets out the roles, responsibilities and shared expectations of all professionals working with children to keep them safe and promote their welfare in their families and communities. The MASH will promote good practice for children within the team, and across the partnership, by ensuring we follow the below principles in our work, which are aligned with those already in Working Together:

* We will promote the use of early intervention support wherever we reasonably can and encourage our partners to do the same so that they can refer directly to help to build family resilience or help meet needs - avoiding the need to unnecessarily refer to the MASH and potential for families to feel ‘passed around or between’ agencies before they get help.
* We will expect referrers, wherever possible, to work transparently with children and families, seeking their views, gaining consent, listening to the voice of children and being flexible and tenacious in reaching families who may be ‘hard to reach’ or where there are systemic or structural barriers or disadvantages to engaging with services.
* We will encourage all partners to use an Early Help Assessment Tool, with and alongside families before referring to the MASH, unless a child is in urgent need, they have experienced Significant Harm, or are in a situation where they are likely to do so.
* We will ensure a rapid response to children who are at risk of abuse and neglect, or have experienced Significant Harm, by receiving all child protection referrals over the telephone. For all other requests for services, partners will be expected to use the online portal.
* When triaging new contacts, we will ask referrers to be clear about what they are concerned about, what they and the family believe would help the child, and we will expect them to clarify between fact, opinion, suspicion, professional judgement, hearsay and unknown grey areas. Our staff will be supported, supervised and trained to help partner agencies be clear about the above aspects of safeguarding work when making a MASH referral.
* We will use the Safeguarding Board Threshold Guidance, along with professional judgement, knowledge, skills and triage screening tools to make sound decisions for children.
* We commit to communicating the outcome of a MASH contact to the referrer and if a MASH contact does not meet the threshold for action, we will, where appropriate, provide feedback or suggestions on alternative services.
* We will meet regularly with our partners to promote good practice, share data and information, learn & develop and to communicate and promote these expectations.
* We will regularly audit the quality of our work to promote good practice internally and across the partnership.

# How to Respond to Contacts

## A Professional Consultation

A consultation line exists for professionals to seek advice and guidance, usually where no consent to share information has been sought by the referring professional. In these instances, these are recorded as ‘no name’ consultations – identifying information is not provided to the MASH by the professional contacting the team for consultation. This line may be used especially by members of the children’s workforce, those in the voluntary sector, faith-based organisations or other network where they may not have access to other safeguarding advice. Where Health or Education based professionals seek a consultation with the MASH, they will always be encouraged to speak to the relevant organisational lead such as the Named Nurse / Named GP for Child Protection, the Designated Safeguarding Lead or the Council’s Safeguarding Our Schools Helpline.

When consultation calls are received from other agencies:

* The team will record the details electronically and save in the shared drive, together with details of any advice given
* The Social Care Senior Practitioner will sign these entries off in order to quality assure this area of work
* If child protection concerns are clear, details will be recorded on MOSAIC and followed up accordingly. The referrer will be advised to follow up in writing within 24 hours, in keeping with Working Together to Safeguarding Children.
* If the consultation results in advice that a professional should seek consent to make a safeguarding referral to the MASH, the professional is still expected to complete the online form on the MASH portal.

## Online Referrals: Requests for Support from Children’s Social Care

On receipt of an online referral, the electronic system will automatically generate an acknowledgement message to the referrer. The admin team will then record the details of the online contact on MOSAIC.

All contacts requesting support from Children’s Social Care will be reviewed by a Social Work Manager or Social Work Qualified Practice Supervisor. who will make a decision on the next course of action within 1 working day. They will record their decision making and the rationale for all decision making in the contact record.

Decision making pathways available to the Social Work Manager or Social Work Qualified Practice Supervisor:

* Pass to Duty for strategy meeting where there are immediate or likely child protection concerns (trigger referral)
* Pass to Duty for allocation for a single assessment under s17(trigger referral)
* Pass to MASH Social Worker / MASH Family Worker for further triage, review of full case file history and discussion with referrer. Pass to Early Help MASH worker putting rationale for the decision in the contact chronology section and triggering an Early Help contact
* Trigger the confidential MASH process and record rationale (see Section 5.7). The Social Care Senior Practitioner will apply initial RAG rating and time triggered. After this process the Social Care Senior Practitioner will add their threshold view and trigger the next step (strategy meeting, assessment, pass to early help, back to referrer, closure).
* Close

## If the contact is allocated to a MASH worker

The MASH Social Worker / MASH Family Worker will complete the triaging enquiries set out and pass the contact back to the Social Work Manager or Social Work Qualified Practice Supervisor with a recommendation for next steps decision (within 24 hours), in accordance with the threshold guidance.

Outcomes could be:

* Referral to Duty for an assessment and/or Strategy Meeting.
* No Further Action
* MASH admin to close contact with information and advice being provided to referrer
* Pass back to referrer with advice/guidance
* Pass to Targeted Early Help – Trigger Early Help Contact
* Referral to other Early Help / Family Resilience services in the partnership – for example referral for Mediation / Family Group Conference
* Signpost to other agencies for example universal services or other open access Early Help services

The Social Work Manager or Social Work Qualified Practice Supervisor will made the decision based on the practitioner's recommendations, in line with the Safeguarding Partnership Board Threshold Guidance and based on their own professional judgement.

## Joint Decision Making

If the child has received a social work service from a long-term team within the past 3 months, a decision to re-open a child’s case will be made jointly between the MASH and the respective Team Manager. Where there is disagreement the decision maker will be the Head of Service for the relevant long-term team.

## Threshold is met for a Strategy Meeting

Where Threshold is met for a Strategy Meeting, the Social Care Senior Practitioner or MASH Social Worker will complete the Strategy Discussion request excel form and send this to [MASHPoliceRequests@thamesvalley.police.uk](mailto:MASHPoliceRequests@thamesvalley.police.uk). Once reviewed by Police a Police reference number is generated.

## Contacts about an unborn baby

This section should be read in conjunction with the Referral and Assessment procedures and the [Berks Pre-Birth Protocol](https://berks.proceduresonline.com/bracknell/p_pre_birth.html).

When a contact is received about an unborn baby, the child is created on Mosaic with an expected date of delivery and contact added on MOSAIC.

If the unborn baby has siblings in the same home, who are open to one of the long term teams then the Unborn Baby is also opened to the relevant Key Worker and Key Team and “Unborn to Review” as other professional involvement. The manager of the long term team will then be responsible for decision making in relation to next steps and actions within 24 hours.

For unborn babies who are not linked to a child in the long term team as outlined above, the Social Work Manager or Social Work Qualified Practice Supervisor will review the contact and make a decision within 24 hours which may include:

* Diarise for “Unborn to Review” if below 12-week gestation period
* For 12+ weeks, Pass to Duty for strategy meeting where there are child protection concerns or high-risk pregnancy (trigger referral)
* Pass to Duty for allocation for a pre-birth assessment (trigger referral)
* Pass to MASH Social Worker / MASH Family Worker for further triage
* Screen and pass to Early Help, NFA from MASH (put rationale for the decision in the chronology and trigger an early help contact)
* Gather further information from referrer
* Trigger confidential MASH process. Social Work Manager or Social Work Practice Supervisor will apply initial RAG rating and time triggered
* Close

## Confidential MASH

The confidential MASH process or confidential MASH meetings are used when the information known is not clear enough to make a threshold decision and more information is needed to assist in decision making. In these situations, MASH partner agencies are asked to provide information to the MASH in a rapid timescale and the information provided by them remains confidential between the MASH and the partner agency providing it. Where threshold is then met for CSC actions (e.g. Strategy Meeting or Single Assessment), only specific and relevant partner information is then referred from the MASH to CSC, in the interests of safeguarding children.

Examples of when Confidential MASH can be used includes, where there are known private law matters underway, when the referrer wishes to remain anonymous, or where there is crucial information missing that could alter decision making. The process is as follows:

* Social Work Manager or Social Work Qualified Practice Supervisor allocates a confidential MASH step to the MASH Social Worker with advice about which agencies to approach for checks and the RAG rating (progress contact to Confidential MASH episode)
* MASH Social Worker opens confidential MASH episode and inputs the RAG rating
* Requests for checks sent out securely to partner agencies
* All requests go on a single secure email except for the Police
* For confidential police checks MASH social worker will use Police information sharing form
* MASH Social worker reviews information received and makes recommendation
* Senior Social Care Practitioner signs off and makes next step decision as above

## Online Referrals: Requests for Early Help Support

The Admin Team will record detail on MOSAIC and, if an Early Help Assessment Tool has been provided, upload it or the Review document to Smart Open.

All contacts for Early Help will be screened by the Early Help Team Leader or Early Help MASH Practitioner and then allocated for action.

Decisions will be made within 3 working days and rationale for the decision entered.

Decision may include:

* MASH admin to close contact with information and advice being provided to referrer
* Gather further information
* If open to early help family hubs, share information with relevant worker
* Family Resilience Pathway – FGC and Mediation
* Information, advice and guidance
* Allocate to Early Help MASH Worker to clarify information in the contact by contacting the referrer or other professional with consent as appropriate. Early Help MASH Worker will complete a contact record and pass to Early Help Team Leader with recommendations. Early Help Team Leader makes final decision.
* Referral to local authority early help services
* Referral to universal services
* Referral to other Tier 2 services
* Completion of parenting referrals
* Pass to MASH Manager or staff member acting as MASH senior if considered the child may be in need of help or protection

## Request for Occupational Therapy Support

Upon receipt of OT support request:

* Practitioner contacts parents to complete OT screening form. If the family are allocated to a Social Worker or Early Help Practitioner, then the screening tool will be completed by the allocated practitioner. If the family are not currently open to children’s services, then the OT screening will be completed by a MASH practitioner.
* OT screening completed in MASH will be reviewed by the Senior Social Care Practitioner and if threshold is not met for S17 assessment then the screening tool will be shared with the Children’s Specialist Support Team (CSST) OT for them to review.
* If the referral is accepted by the OT, then a referral to the OT is triggered from the MASH contact.
* CSST Manager will review and allocate for OT assessment

## Telephone Referrals

All professional referrers are expected to use the online form and will be asked to do so, unless a child has experienced Abuse, Neglect, Exploitation or other Significant Harm or is likely to do so. This constitutes a Child Protection Referral and will be taken over the telephone.

Where professionals telephone the MASH to make a Child Protection referral the Administrator will take referral details over the phone using structured questioning to elicit as much detail as possible and create the family on Mosaic. Structured questions are helpful in reducing error caused by variability in confidence and skills. The Administrator will then advise professionals making a telephone referral that they must follow up by completing the e-referral form within 24 hours. The Administrator will then transfer the call to the MASH Social Work Team for them to process the Child Protection referral with the caller.

Following this the same steps will be taken as above for an online referral.

Members of the public may, from time to time, contact the MASH directly by phone. If their concerns are not of a Child Protection nature, they will be encouraged by the Administrator to complete an online form instead, however we will be flexible for members of the public who have a preference to contact us by telephone who are requesting Early Help or S17 services or experience other barriers to accessing the online form.

Where a member of the public contacts the MASH by telephone wishing to remain anonymous and is not willing to leave contact details to have the MASH Social Worker return their call, these calls must be transferred to the MASH to ensure all relevant information is taken down by a qualified social worker.

## Transfer in CIN and CP

The MASH is the main point of contact for the Local Authority Children’s Social Care in relation to children transferring-in from other LA areas, who are already subject to Child in Need or Child Protection Planning. If a request is made from another Local Authority for a transfer in CIN or CP request, initial information/documentation is needed before this can be reviewed further. An email will be sent to the referrer to request the below stated information and that the referrer must not assume that BFC CSC will start to provide any services to the child or family until the agreed transfer-in point. The MASH contact will be closed until the referrer has shared the relevant information. For children subject to Child Protection Plans the MASH will alert the Conference and Review Team, to ‘add to Temp CP register’ using the outcome on the Mosaic Contact step and sent it to the Conference team to review.

Information to be requested:

* Summary regarding reason for involvement and concerns
* Narrative of why the family have moved areas
* Evidence that the family have been in Bracknell area for at least 3 months and the move is permanent (tenancy agreement, have registered with local health and education services etc). If move is not permanent a transfer will not be agreed. Consideration is given to transferring cases pre-3 months where appropriate.
* Documents required: Chronology, up to date single assessment, current CP/CIN Plan, last CP/CIN minutes and Core Group minutes, genogram.
* Dates: next CP/CIN conference date, next Core group date, last date the children were seen/ visited by SW
* Whether any legal advice has been sought and the reasoning for this.

### Transfer-in Child in Need

Requests are initially reviewed by the MASH Team Manager to ensure all documentation is correct and received, and that it is a suitable and appropriate referral. Once this has been reviewed by MASH Team Manager, the documents get sent to Team Manager’s in the relevant long term team to review. When transfer is agreed by managers, the MASH contact is then created and sent to the relevant team.

It is up to the other Local Authority area to organise a CIN meeting and must be reminded at point of the referral being received that they remain responsible for the CIN plan until the meeting has been held and the case accepted by the relevant long-term team.

### Transfer-in Child Protection

The MASH Team Manager reviews documentation to ensure that Bracknell Forest should be the LA to convene a transfer-in CP Conference. The MASH Manager may seek advice from the Team Manager of Conference & Review, as well as the Joint Legal Team where this will be useful, but the MASH Team Manager should be satisfied, as far is possible that:

* The child is habitually resident in the BFC area
* The original Local Authority has not commenced the Public Law Outline or issued Proceedings
* The plan to transfer to BFC is in the child’s best interests

The MASH Team Manger then sends an email with all documents to the relevant long-term team and Conference and Review Team Managers to review the request. The C&R Team then arrange the transfer-conference. The original Local Authority area will LA remain the lead LA until the conference is held.

## Referrals for children looked after by other LAs

Referrals are reviewed by the MASH Senior Social Care Practitioner and shared by admin with the relevant OLA. If threshold is met for a strategy discussion a conversation is held with the allocated social worker or manager from the OLA to review this and what LA should chair this. If appropriate, then the strategy discussion should be held by Bracknell CS.

## Disability Triaging Guidance

If a parent requests or consents to an assessment for exploration around support around their child’s disability, then triaging questions should be completed in MASH to provide a clearer understanding of diagnosis and support needs.

* Diagnosis and date of it, and who diagnosed it
* Broadly what’s the day to day impact of the diagnosis (including the thing which the family are finding most difficult at the moment, why the family are seeking an assessment now)
* Does the child have an EHCP – when was the last review and do parents give permission for us to obtain a copy
* Who is in the family network (including details so that duty could start considering an FGC referral straight away)
* What are the other assessments that are being done / have been done – for example SEN, SALT, CAMHS, other medical assessments or queries
* What benefits are the family claiming, (DLA, what level and what components i.e. mobility / care)
* Do parents or carers have any of their own support or care needs relating to emotional wellbeing & mental health, other stresses
* What other support is in place from services within the Local Offer, what is the support pattern from those services / frequency / intensity etc
* Does the family give consent for checks with these agencies by Duty as part of a social work assessment

## Notification or Child with a Visual Impairment.

When the Certificate of Visual Impairment (CVI) is received it should be passed to MASH. FW will then contact the family and offer a screening assessment. The MASH team will also make the family aware that the CVI will be recorded on our disability register.

CSST to be notified to add the CVI to the disability register.

If the family agree to a screening assessment, the MASH contact can then be passed to CSST to complete the screening assessment. This is used to identify what the needs are (if any) and signpost to relevant services. If there are no social care or Occupational Therapy needs, the referral will be closed at this point.

If social care or OT needs are identified, the relevant assessment will be generated.

## Children who Run Away and are Missing from Home

Missing episodes for children are all reviewed by Makesafe who coordinate Return Home Conversations with Youth Services, no action needs to be taken by MASH to direct these.

The missing episode is reviewed by the Senior Social Work Practitioner in conjunction with the [Children who Run Away and are Missing from home policy and procedure.](https://proceduresonline.com/trixcms1/media/11742/policy-children-missing-from-home-2020.pdf)

# Stepping up and stepping down within the First Contact Team

If a contact is allocated to Early Help and further information comes to light that suggests the threshold decision made by social care needs to be reconsidered, a discussion between the Team Manager/Social Care Senior Practitioner and Early Help Team Leader will be recorded by Early Help.

If a contact is allocated to social care or put through the MASH process and information received decreases the risk or screening concludes that early help is more appropriate, the contact outcome will be to pass to Early Help. This will generate an Early Help contact on Mosaic and will copy over the work completed by social care.

# Feedback to Referrers

Feedback on the decisions taken will be routinely shared with agencies making a referral to the First Contact Team. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold and offer suggestions for other sources of more suitable support. or include an explanation as to the next steps and advice and guidance provided.

# Disagreements and Escalation

Referring practitioners are expected to always follow up their concerns if they are not satisfied with the First Contact Team’s or children’s social care response and should escalate their concerns if they remain dissatisfied. Challenges from agencies making referrals should follow the Bracknell Forest Safeguarding Children Partnership escalation procedure.