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| **1.4.1 Initial Contacts and Referrals** | Top of Form    Bottom of Form |

**RELEVANT PROCEDURES AND GUIDANCE**

This chapter should be read in conjunction with:

[**Northamptonshire Threshold and Pathways**](https://www3.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/protecting-children-information-for-professionals/Documents/NSCB%20Thresholds%20Guidance%202018.pdf)

[**Early Help Assessment**](http://www3.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/protecting-children-information-for-professionals/Pages/early-help-assessment.aspx)

[**Information Sharing: Advice for Safeguarding Practitioners**](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice)

**AMENDMENT**

In August 2019, this chapter was amended to ensure links to the Northamptonshire Threshold and Pathway document were included..

**Contents**

1. [**Initial Contacts**](https://northamptonshirechildcare.proceduresonline.com/chapters/p_contacts_referral.html?#initialcon)
2. [**Referrals**](https://northamptonshirechildcare.proceduresonline.com/chapters/p_contacts_referral.html?#referrals)
3. [**Timescales**](https://northamptonshirechildcare.proceduresonline.com/chapters/p_contacts_referral.html?#timescales)
4. [**Screening Process**](https://northamptonshirechildcare.proceduresonline.com/chapters/p_contacts_referral.html?#screening)
5. [**Initial Disposal of Referrals**](https://northamptonshirechildcare.proceduresonline.com/chapters/p_contacts_referral.html?#initialdis)
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**1.** **Initial Contacts**

An Initial Contact is made where Children's Social Care is contacted about a child, who may be a [**Child in Need**](http://trixresources.proceduresonline.com/nat_key/keywords/child_in_need.html) of support and/or safeguarding, and where there is a request for general advice, information or a service.

In Northamptonshire, all initial contacts are made to the Northamptonshire Multi Agency Safeguarding Hub (MASH).

All contacts are screened/ triaged by the MASH Team/Practice Manager using the guidance provided by [**Northamptonshire Thresholds and Pathways document**](https://www3.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/protecting-children-information-for-professionals/Documents/NSCB%20Thresholds%20Guidance%202018.pdf) and a decision made within 24 hours regarding the level of response required.

At any time, an Initial Contact may become a Referral if it appears that services may be required for a Child in Need of support and/or safeguarding.

The [**Early Help Assessment**](http://trixresources.proceduresonline.com/nat_key/keywords/common_assess_frame.html) is not a referral form, although it may be used to support a referral or a specialist assessment.

In all other cases, at the point when an Initial Contact is made, the MASH Practice Manager should establish whether the enquiry can be dealt with by the provision of information and advice or re-direction to other agencies or services.

The MASH Practice Manager should also check the electronic database records to see if the child or family is known and, if known, retrieve information on them. Any significant information received about a child who is an open case should be regarded as an Initial Contact, passed to the child's allocated social worker or duty social worker and recorded on the electronic database. See [**Section 4, Screening Process**](https://northamptonshirechildcare.proceduresonline.com/chapters/p_contacts_referral.html?#screening).

**2.** **Referrals**

An Initial Contact will be progressed to a Referral where the MASH Practice Manager considers an assessment and/or services may be required for a Child in Need.

The Practice/Team Manager receiving a referral and undertaking the initial triage will establish:

* The nature of the concern;
* How and why it has arisen;
* What the child's and family's needs appear to be;
* Whether the concern involves [**Significant Harm**](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html);
* Whether there is any need for any urgent action to protect the child, any other child in the same household or any child in contact with an alleged perpetrator;
* Any previous information available on Care First and Capita One in relation to the child/family;
* Will consider the guidance provided by Threshold and Pathway Document in relation to the reported level of need/ risk experienced by the child/ren.

Once the referral has been accepted by local authority children's social care the lead professional role falls to the MASH.

The Practice Manager undertaking the initial triage will transfer the case to the MASH for the completion of a MASH enquiry. If not already obtained the following information should be clarified as part of the MASH enquiry:

* Full names, dates of birth and gender of children;
* Family address and, where relevant, school/nursery attended;
* Identity of those with [**Parental Responsibility**](http://trixresources.proceduresonline.com/nat_key/keywords/parental_respons.html);
* Names and dates of birth of all members of the household;
* Ethnicity, first language and religion of children and parents;
* Any special needs of the children including the means in which they communicate;
* Any significant recent or past events;
* Cause for concern including details of allegations, their sources, timing and location;
* The child's current location and emotional and physical condition;
* Whether the child needs immediate protection;
* Details of any alleged perpetrator;
* Referrer's relationship with and knowledge of the child and his or her family;
* Known involvement of other agencies;
* Information regarding parents' knowledge and agreement to referral.

**3.** **Timescales**

Once received, all Referrals must be written up and a decision made about their disposal within one working day of the initial contact. (**Note**: This should be as soon as possible where it is evident the child is seen as requiring immediate protection/urgent action).

Within one working day, the MASH should make a decision about the type of response that is required. This will include determining whether:

* The child requires immediate protection and urgent action is required;
* There is reasonable cause to suspect that the child is suffering, or likely to suffer, [**Significant Harm**](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html), and whether enquires must be made and the child assessed under [**Section 47**](http://trixresources.proceduresonline.com/nat_key/keywords/sec_47_enq.html) of the Children Act 1989.  
  (see [**Northamptonshire Safeguarding Children Board Procedures Manual, Child Protection Enquiries - Section 47 Children Act 1989 Procedure, Timescales for Section 47 Enquiries**](http://www.proceduresonline.com/northamptonshire/scb/p_ch_protection_enq.html#timescales));
* The child is in need, and should be assessed under [**Section 17**](http://trixresources.proceduresonline.com/nat_key/keywords/section_17.html) of the Children Act 1989;
* Any services are required by the child and family and what type of services; and
* Further specialist assessments are required in order to help the local authority to decide what further action to take.

**4.** **Screening Process**

The following process applies to new cases of children previously unknown to the authority, and to closed cases.

The process of Referrals must include screening against the [**Northamptonshire Threshold and Pathways**](http://www3.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/protecting-children-information-for-professionals/Pages/report-concern-about-child-professionals.aspx) and must include internal electronic database and agency checks to establish whether the family is previously known, and whether there is a [**Child Protection Plan**](http://trixresources.proceduresonline.com/nat_key/keywords/child_protection_plan.html) in relation to the child and/or whether the child is [**Looked After**](http://trixresources.proceduresonline.com/nat_key/keywords/looked_after.html).

The screening process should establish:

* The nature of the concern;
* How and why it has arisen;
* What the child's needs appear to be;
* Whether the concern involves [**Significant Harm**](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html);
* Whether there is any need for urgent action to protect the child or any children in the household.

This MASH enquiry and process will involve:

* Discussion with the referrer;
* Discussion with child/parents/carers;
* Consideration of any existing records, including whether the child is the subject of a Child Protection Plan;
* Request for information from other MASH agencies - Police, Health, Education, Early Help and Prevention Services, and other agencies as appropriate and in accordance with [**Information Sharing: Advice for Safeguarding Practitioners**](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice):
  + Consent from the parent or carer should normally be sought;
  + However, the Data Protection Act should never be a barrier to ‘sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm’ or indeed on those occasions where seeking consent might increase the risk of harm;
  + Information should always be ‘necessary and proportionate’.

If there are indications that a child may be at risk of Significant Harm, the MASH manager may authorise whatever actions are necessary to protect the child or others in the household from Significant Harm, which may result in the immediate provision of services (see [**Northamptonshire Safeguarding Children Board Procedures Manual, Child Protection Enquiries - Section 47 Children Act 1989 Procedure, Strategy Discussion / Meeting**](http://www.proceduresonline.com/northamptonshire/scb/p_ch_protection_enq.html#strategy_discuss)).

The MASH Multi Agency Referral Form (MARF) requests the referrer to advise whether the parent(s)/carer(s) of the child/ren concerned are aware of the referral and consent to information being shared with the MASH.

Where a referral has been made irrespective of whether the parent(s)/carer(s) are aware and given their consent the MASH has a duty to ensure that:

*“When there is reasonable cause to believe that a child is suffering or is likely to suffer significant harm, information may be shared with other appropriate professionals outside the MASH."* (Northamptonshire Multi-Agency Safeguarding Hub (MASH) Information Sharing Agreement Version 6.5 (Updated September 2014))

[**Northamptonshire Safeguarding Children Board Procedures Manual, Information Sharing Protocol**](http://www.proceduresonline.com/northamptonshire/scb/p_info_sharing.html) and [**Information Sharing: advice for practitioners providing safeguarding services (March 2015)**](https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice) is also clear in its advice that to: “Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so” should be applied wherever possible.

MASH is also clear that *“If a case does not meet this (significant harm) threshold and is referred for early help or child in need services, consent will be required from the parents or carers if information is to be shared.”* (Northamptonshire Multi-Agency Safeguarding Hub (MASH) Information Sharing Agreement Version 6.5 (Updated September 2014)).

**5.** **Initial Disposal of Referrals**

The initial disposal of a Referral, which must be authorised by two members of the MASH management team, may be:

1. That the child does not appear to be a [**Child In Need**](http://trixresources.proceduresonline.com/nat_key/keywords/child_in_need.html), which will result in one of the following: the provision of information, advice, sign-posting to another agency and/or no further action;
2. That the child appears to be a Child in Need with a moderate level of need, in which case, the MASH manager may authorise an [**Assessment**](http://trixresources.proceduresonline.com/nat_key/keywords/assessment.html);
3. That the child appears to be a Child in Need with a high level of need, which must result in an Assessment;
4. That it is suspected that the child is suffering or is likely to suffer from [**Significant Harm**](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html), which will result in an Assessment, with a view to conducting a [**Strategy Discussion**](http://trixresources.proceduresonline.com/nat_key/keywords/strategy_discussion.html), prior to a [**Section 47 Enquiry**](http://trixresources.proceduresonline.com/nat_key/keywords/sec_47_enq.html) commencing.

If there are indications that a child may be at risk of Significant Harm, the MASH manager may authorise whatever actions are necessary to protect the child or others in the household from Significant Harm, which may result in the immediate provision of services. There should be consideration of a Strategy Discussion and of a multi-agency response (see [**Northamptonshire Safeguarding Children Board Procedures Manual, Child Protection Enquiries - Section 47 Children Act 1989 Procedure, Strategy Discussion / Meeting**](http://www.proceduresonline.com/northamptonshire/scb/p_ch_protection_enq.html#strategy_discuss)).

Professional referrers should be advised of the disposal of the referral.

Feedback on the outcome of the Referral should also be provided to non-professional referrers in a manner consistent with respecting the confidentiality of the child.

The child and family must be informed of the action to be taken.

The child should be seen as soon as possible if the decision is taken that the Referral requires further assessment.

Where requested to do so by local authority children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.

**6.** **Recording of Referrals**

All Initial Contacts and Referrals should be recorded on the electronic database.

**End**

**The Department for Education has released the updated version of** [**Working Together to Safeguard Children**](http://www.workingtogetheronline.co.uk/)**.  
The changes will be reflected in this manual at the next update.**