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**CALDERDALE MULTI-AGENCY SCREENING TEAM (MAST)**



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# Introduction

**The Multi-Agency Screening Team (MAST)**

The Multi Agency Screening Team (MAST) operates Borough wide and is the first point of contact for all new referrals regarding children and young people. The service comprises a multi-agency team of social care staff, eraly intervention, police and health. The MAST work closely with a wide range of professionals from other statutory agencies, voluntary and community sector, family members, members of the public and children and young people themselves.

Each referral is screened within strict timescales and involves the gathering and sharing of information as per [**the MAST Information Sharing Document Agreement**](http://connect/CYPS/guidance/Documents/Forms/AllItems.aspx?RootFolder=%2FCYPS%2Fguidance%2FDocuments%2FMAST&FolderCTID=0x01200068C1F6BA3EA2FD4DB79C5F33DE5641EE&View=%7b52C65C7C-309E-4A6F-89CF-949DC6DB6999%7d)which is analysed so that an appropriate decision and response can be made to ensure children and young people in Calderdale are safeguarded effectively. If a Child Protection Enquiry is required, once a Strategy Discussion/Meeting has been held, , the case is transferred to the Child Assessment Team for an assessment. Child Assessment Team can be contacted 01422 393340.

The MAST comprises of a Team Manager, 4 Practice Managers, 5 Social Workers, 3 Buinsess Support staff, 2 Police Officers, 1 Police Administration Support, 1 Health Practitioner and 1 Early Intervention Single Assessment Co-Ordinator It is expected that the team will expand further from February 2020 to include an Early Help Hub consisting of 5 Early Help Practitioners and 2 workers from Youth Justices Service/Youth Offending Service.

**POSTAL ADDRESS Children and Young People’s Services**

**Multi Agency Screening Team (MAST)**

**Princess Building**

**Princess Street**

**HALIFAX**

**HX1 1TS**

**TELEPHONE 01422 393336**

**EMAIL** [**MASTadmin@calderdale.gov.uk**](mailto:MASTadmin@calderdale.gov.uk)

Calderdale MAST aims to ensure that:

* All safeguarding referrals are dealt with in a timely and effective manner to ensure the immediate protection of children;
* Decisions are timely, sound and based on high quality multi-agency information sharing arrangements;
* All agencies have the confidence to share information safely and securely;
* Risk is identified through robust analysis of a wide range of historical and current information and concerns;
* Children/young people and their families are referred to the right services first time and as early in the life of the problem as possible;
* Professional agencies working with children/young people and their families have access to information that is proportionate and relevant to their involvement in a child’s life;
* Allocation of resources for children/young people and families is timely, coherent and transparent;
* Professionals/Practitioners have rapid access to qualified and experienced social work professionals for safeguarding advice, information and guidance on access to local resources;
* The service is well understood and accessible to those that need it.

Our partnership arrangements are continually reviewed and built upon to improve access and promote seamless delivery throughout the Council.

When making a referral to MAST, please refer to[**the Safeguarding Partnership Website for the Referral Form and Guidance**](http://www.calderdale-safeguarding.co.uk/report-concerns/)**.**

## 

## ****How do I refer?****

Anyone who has concerns about a child’s welfare should make a referral to Calderdale MAST and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so. Practitioners who make a referral should always follow up their concerns if they are not satisfied with the response.

**Before making a referral please consult the Calderdale Continuum of Need (Annex 1). Y**ou will need to consider if the child or young person’s needs can be met by services from within your own agency, or by other professionals already involved with the family.

In order to make a referral you will need to complete a [Referral Form (see attached)](https://account.barnet.gov.uk/Forms/Home/Redirector/Index/?id=6a2ac067-3322-46e5-96e4-16c0c214454a&mod=OA&casetype=BAR&formname=MASHANDCAF) . You will then receive an acknowledgement email from the MAST with a reference number.

  
  
It is your responsibility to discuss this referral with the family. If you feel that by doing so this child would be placed at risk of harm, or you have any further questions please contact the MAST on 01422 393336 or visit the [**MAST Website**](http://www.calderdale.gov.uk/v2/residents/health-and-social-care/children-and-family-care/child-protection-page).

**Operating Hours**

The MAST operates Monday – Friday between 9 am to 5 pm.

Outside of these hours care and welfare concerns about children and young people that require an immediate response should be reported to the Emergency Duty Team on **01422 288000**.

## ****How will I know what has happened to my referral?****

MAST are responsible for providing referrers with appropriate and proportionate feedback about the progress of the case whilst in MAST. After a Manager has considered your referral and a decision has been made, you will receive a confirmation in writing informing you of the outcome of the referral and any relevant actions.

The MAST are also responsible for ensuring that actions are put in place to ensure that appropriate and proportionate feedback is provided to children/young people and their families. This may be done by a Children and Young People Services professional either from the MAST or another team such as the Children Assessment Team or Early Help Service. On other occasions you, as someone who knows the child/young person and/or family might be asked to contribute to the process of providing verbal feedback.

### What should I do if I am concerned about the way in which the MAST has dealt with a concern I have raised?

In the first instance you could discuss action taken with the MAST Team Manager. Alternatively you could speak to the Service Manager of MAST.

### ****What to do if I am not happy?****

If you are not happy about the way the MAST deals with any referral about your family, please raise this first with the MAST Team Manager. He or she will explain why the information was shared and how the decision on your case was made.

If you are still not happy, you can make a complaint by contacting the Complaints and Compliments Department on 01422 392279 or via email [complaintsandcompliments@calderdale.gov.uk](mailto:complaintsandcompliments@calderdale.gov.uk).

## Privacy and information sharing

All partner agencies have signed up to Calderdale [**MAST Information Sharing Document Agreement**](http://connect/CYPS/guidance/Documents/Forms/AllItems.aspx?RootFolder=%2FCYPS%2Fguidance%2FDocuments%2FMAST&FolderCTID=0x01200068C1F6BA3EA2FD4DB79C5F33DE5641EE&View=%7b52C65C7C-309E-4A6F-89CF-949DC6DB6999%7d)that specifies what data can be shared in the MAST and the legal basis for doing so.  All partner agencies are required to ensure staff are fully trained and aware of their responsibilities under the data protection legislation. They are required to ensure all information sharing is done in adherence with [**the General Data Protection Regulation.**](https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation)

Section 10 of the Children’s Act 2004 places a duty on key agencies to cooperate to improve the well-being of children and young people. This includes the proportionate sharing of information, where appropriate, to make the best decisions for children and young people. It is the responsibility of all professionals to ensure they are aware of their responsibilities in this regard in order to ensure they are able to respond within set timescales to enquiries from the MAST and so safeguard children and young people.

1. **Roles and Responsibilities**

**Incoming Referrals**

Business Support will ensure that the referral records the date and time the information was received and the names and details of the person making the referral. It will also record full basic details of the child/young person, parent/carers, significant others, everyone in the household, ethnicity, nationality, first language, religion, disabilities, SEN status and school attendance data and any communication requirements, as well as if the consent has been obtained from the parent/carer.

Full referral information and appropriate support evidence needs to be obtained at point of referral, including reason for referral, service being requested and any other agency/professionals involved with the child/young person.

At this point the Practice Manager screenes the referral and makes a decision regarding any further actions e.g. Strategy Discussion/Meeting (to be agreed in discussion with Team Manager), sign-post to other services, gathering further information or No Futrther Action by Children and Young People Services.

It is essential the referral is recorded on CASS on the date of referral.

**The MAST Practice Manager** willcarry out and record the following:

* Establish if any immediate actions are required to safeguard the child/young person;
* Establish if parents/caregivers have been informed and if consent has been given – if not, why not?;
* Clearly record the rationale if consents has been dispensed with;
* Discuss the role of the referrer in any further child welfare enquiries and/or Police investigation;
* Advise the referrer of what steps will be taken by MAST.

The referrer might be asked to participate in further assessment of the child, either through an [**Early Help**](http://trixresources.proceduresonline.com/nat_key/keywords/early_help.html) assessment, through a Single Assessment ([**Section 17**](http://www.legislation.gov.uk/ukpga/1989/41/section/17) of the Children Act 1989) or a Child Protection Enquiry ([**Section 47**](http://www.legislation.gov.uk/ukpga/1989/41/section/47) of the Children Act 1989), which will be led by a Social Worker.

The Practice Manager will consider the level of need and risk against the [**Multi-Agency Threshold Document**](https://calderdalechildcare.proceduresonline.com/files/thresholds_intervention.pdf)and Continuum of Need **(**[**see Annex 1**](#_Appendix_1_–)**)**

The initial management oversight must be inputted by the Practice Manager on the initial contact form within 2 hours within an ‘Initial Decision/Actions’ box with a view to making a final decision within 24 hours.

Screening Social Worker completes tasks identified by Practice Manager so the referral can be reviewed and outcomed within 24 hours following which Business Support will inform the referrer in writing of the outcome of the referral and a case note added in the child/young person’s record to confirm this has taken place within 24 hours of the decision.

If the final decision is not made within 24 hours timescale for whatever reason, a further management oversight must be inputted in ‘Management Oversight’ box providing a clear rationale for this

The contact is finalised by the Practice Manager or Team Manager.

The Practice Manager is responsible for reviewing the information recorded by the Buinsess Support or MAST Screening Social Worker and quality assurance of the referral.

MAST Practice Manager/Team Manager will allocate on CASS cases outcomed for further assessment to the CAT Inbox**.**

Where the complexity warrants it, this will be done following a personal or a telephone discussion between the Practice Manager from MAST and Duty Practice Manager and/or the allocated social worker.

**Strategy Discussion/Meeting**

If an immediate Strategy Discussion/Meeting is required this will be held with the partner agencies in MAST including relevant external agencies where appropriate. The Strategy Discussion/Meeting should be held on the same day as the receipt of contact. Where additional information needs to be gathered, the relevant Manager may, in consultation with the Police. decide to extend the timescale to a maximum of 24 hours.

For allegations against staff, a LADO referral should be initiated within 1 working day.

The Strategy Discussion/Meeting is initiated and chaired by the Practice Manager or Team Manager, who will immediately notify the Duty Practice Manager from CAT, Police and Health within MAST. Practice Manager from CAT will identify an appropriately experienced Social Worker to attend the meeting. Whenever necessary, CAT Duty Practice Manger will also attend the strategy meeting.

The Practice Manager or Team Manager must ensure whenever possible that full consultation takes place with all relevant agencies prior to the Strategy Discussion/Meeting taking place to ensure that appropriate information is collated in order to inform decision making.

The Team Manager/Practice Manager from MAST will follow [**the Guidance for Chairing Strategy Meetings/Discussions**](https://calderdalechildcare.proceduresonline.com/files/guide_strategy_meet.pdf) when chairing meetings.

The Strategy Discussion/Meeting gathers information from and consults with key professionals involved with the child/young person. The Strategy Discussion/Meeting must involve Children and Young People Services, Health and the Police as a minimum. However, other key agencies should be involved as appropriate. In particular, every effort must be made to consult with the school or nursery and the referring agency.

The PracticeManager/Team Manager will ensure that the strategy meeting minutes are completed immediately on CASS (no later than 24 hours) with a clear safety plan, rationale for any decisions made and a plan of actions including what action is required, by whom this action will be completed and by when.

All Section 47 enquiries will be allocated immediately and completed within 5 working days.

If the outcome of the Section 47 enquiry is an Initial Child Protection Conference then the Safegarding Admin Team must be notified within 5 working days of the outcome of Section 47 Enquiry.

**Medical examinations**

Where a medical examination may be required, a senior doctor from the providing service should be included in the Strategy Discussion/Meeting whenever possible. For all cases where a medical is required, a Strategy Discussio/Meeting must be held with the Police as a minimum, and this arrangement will apply to any subsequent medicals.  

If 3 medicals are held within a 12 month period, a formal strategy meeting must be held with the clear expectation that the Police and Paediatrician attend as a minimum **(**[**JOINT WORKING PROTOCOL**](http://connect/CYPS/guidance/Documents/Section%2047%20-%20Joint%20working%20protocol%20between%20the%20police%20and%20Children's%20services.pdf)**)**.  The Local Authority legal representative must also be invited to that meeting.

The discussion should be used to:

* Share available information;
* Decide whether Section 47 Enquiries should continue;
* Plan how enquiries should be handled, including the need for any medical treatment, and by whom;
* Agree what action is needed immediately to safeguard the child/young person, and/or provide interim services and support; and
* Determine what information about the Strategy Discussion/Meeting will be shared with the family, unless such information sharing may place a child/young person at risk of Significant Harm or jeopardise police investigations into any alleged offence(s)

**Non-Mobile Babies**

All actual or suspected bruising, burns or scalds to babies who are not yet self-mobile should be subject to multi-agency investigation in order to assess risk of harm.

Referral made to Children and Young People Services under [**Multi-Agency Protocol for the Assessment of Bruising, Burns and Scalds in Non Mobile Babies**](https://westyorkscb.proceduresonline.com/pdfs/multi_age_bruises_scalds.pdf) will always be deemed to be high priority due to the vulnerability of the child concerned.

Where a referral is made to Children and Young People Services, MAST Business Support will check if the family is currently in receipt of services. If this is found to be the case, the information will be recorded in the detail on the electronic system (CASS) and passed immediately to the responsible Social Worker, their Manager and Business Support.

If the baby or family are not already in receipt of services, MAST Bussiness Support will immediately inform MAST Practice Manager or Team Manager of this case in order to avoid any delays in decision making process.

In all cases, MAST Practice Manager/Team Manager or any other relevant Practice Manager/Team Manager must confirm that the referral has been received and ensure that there is no delay in the referral being actioned.

Following a referral being made and subsequent Strategy Discussion/Meeting all referrals made under [**Multi-Agency Protocol for the Assessment of Bruising, Burns and Scalds in Non Mobile Babies**](https://westyorkscb.proceduresonline.com/pdfs/multi_age_bruises_scalds.pdf) will be deemed to meet the criteria for a Section 47 Enquiry to determine whether the baby has suffered or is likely to suffer significant harm.

A Strategy Discussion/Meeting must be held with the Police and Paediatrician (or a referring Doctor) as a minimum in order to consult and plan any assessents.

Whenever possible Strategy Discussions/Meetings should also involve any other agency that may hold information about the family,

**Case Recording**

Case recording must be child focussed.

The child/young person must be seen and kept in focus throughout the intervention. It is imperative that the child/young person’s circumstances/lived experience are seen through their personal experience. What does it feel like to be this child/young person living in this particular set of circumstances? The voice of the child/young person must be listened to and Social Workers should ask themselves what the child/young person is telling them. Direct work with the child/young person is essential to achieving child focussed intervention to ascertain their views and understand the meaning of their experiences to them.

**Chronology**

A multi-agency chronology of key events for the child/young person is maintained up to date.

The chronology is a means to provide an overview of significant events in the child or young person’s life and must be used by practitioners as an analytical tool to help them understand the impact of events , both immediate and cumulative, and changes on the child or young person’s developmental progress. An up to date and complete chronology ensures that any emerging patterns or issues within the family of a serious or deep rooted nature are identified and responded to. When completing the chronology, the Social Worker must ensure that the information provided within the chronology is relevant, concise and includes significant events which **are not** cut and pasted from the referral.

**Case Records**Case reords must be inputted on CASS within a maximum of 24 hours where there are child protection concerns and within a maximum of 48 hours for all other cases – this includes Management Oversight of cases.

Social Worker’s must ensure that their case records:

* Use plain English rather than jargon;
* Distinguish between fact and opinion;
* Demonstrate a commitment to the principles of equality and valuing diversity;
* Include evidence of use of systemic concepts;
* Are respectful of the child/young person and his/her family

Case notes will detail:

* The date of the contact;
* The reason for the contact;
* Who the contact was between;
* Details of the contact;
* The outcome of the contact;
* Whether the child/young person was seen and spoken to and if seen alone;
* An analysis of the contact;
* Any further action to be taken arising from the contact.
* Professionals supporting the child/young person and his/her family are referred to in the records by name and designation.
* Case records show when information has been shared and with whom.

# Referral Flowchart to Children and Young People Services

Request for Service/Contact can be made by any professional where there are concerns about an adult or child/young person or additional support services are required.

**Yes**

Have you discussed a referral being made with the parents, or the need to share information with another agency in order to safeguard & promote the welfare of the child?

Has an Early Intervention Single Assessment (EISA) been completed?

**No**

Do you think the children would benefit from additional support/services?

Is the child(ren)/young person(s) at risk of significant harm or is there a statutory duty to provide a service?

**Yes**

Refer to Chidren and Young People Services using the referral form (or ring the Police/MAST if immediate risk is identified).

Work with Children and Young People Services and other agencies as required as part of the assessment process and further planning.

**Decision making flowchart for referrals to the Early Intervention Panel or Children and Young People Services (CYPS)**

Refer to the Early Intervention Panel using the referral form for additional services if consent has been given or to identify a lead professional to complete an EISA

# MAST Work Flowchart

PM for management oversight and agreed further actions

If an open case to Children and Young People Services the contact is recorded and closed down. It is immediately sent to the SW, TM, PM and their Bussiness Support

The MAST PM decides whether immediate action is required and management oversight is put on the CASS .

The MAST PM chairs strategy meeting chairs and records the outcome of the meeting. Records on CASS

BS write to referrer

NFA

Refer to EI

Pass to screening SW for further checks on records

Signposts for EI assessment pass to screening SW to contact referrer and inform EI team.

NFA

Section

47

The MAST PM collects the information from Children and Young People Services records and all partner agencies and arranges a strategy meeting

Referred for CAT for assessment

Strategy discussion/meeting required: Practice Manager puts management oversight on the case and sends to the duty PM in CAT and they are invited to the meeting.

Business Support receive information from all sources and input onto system (CASS)

Is it an open case

No

BS record on CASS

The MAST PM puts management oversight on and discussion regarding actions

Single assessment

NFA

RIC letter to referrer

Referrer contacted and NFA

No

Yes

Yes

# MAST Process for Referrals to Early Intervention Panels

If a parent/carer is self referring to MAST and during a discussion with them additional services are required, and they give verbal consent for this, then MAST will complete the Early Intervention and Safeguarding Statutory Request for Service / Referral form.

If a professional has referred to MAST, and the outcome is a referral to EIP, then that professional should complete.

Early Intervention and Safeguarding Statutory Request for Service / Referral form.

<http://calderdale-safeguarding.co.uk/report-concerns/>

# Appendix 1 – Calderdale Continunum of Need

